

Appendix A to PLAINTIFF'S DISCLOSURE OF EXPERT

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Date of Preparation: Februry 20, 2018

CURRICULUM VITAE

Paul J. Gaglio, MD, FACP, AGAF, FAASLD

Professor of Medicine (in Surgery) at Columbia University Irving Medical Center

Director: Hepatology Outreach

Columbia University College of Physicians and Surgeons

Center for Liver Disease and Transplantation

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Personal Data:

Place of Birth: Bronx, NY

Citizenship: USA

Academic and Hospital Appointments:

11/2015-present ***Columbia University College of Physicians and Surgeons*** NY, NY

Professor of Medicine (in Surgery) at Columbia University Medical Center

Center for Liver Disease and Transplantation

NY-Presbyterian Hospital –Columbia University Irving Medical Center

Director of Hepatology Outreach

Adjunct Professor, Weil-Cornell School of Medicine

12/2007-11/2015 ***Albert Einstein College of Medicine*** Bronx, NY

Montefiore-Einstein Liver Center

Professor of Clinical Medicine

Medical Director: Adult Liver Transplantation-Montefiore Medical Ctr

Primary Liver Transplantation Physician-Montefiore Medical Ctr

7/2001-12/2007 ***Columbia University College of Physicians and Surgeons*** NY, NY

Associate Clinical Professor of Medicine (in Surgery)

Associate Medical Director: Center for Liver Disease and Transplantation

Medical Director: Adult Liver Transplantation

7/1996-6/2001 ***Tulane University Medical School*** New Orleans, LA

Associate Professor of Clinical Medicine and Digestive Diseases:

Director-Academic Hepatology

Medical Co-Director, Liver Transplantation

Faculty: Molecular and Cellular Biology Program

7/1993-6/1996 ***UMDNJ-New Jersey Medical School*** Newark, NJ

Assistant Professor of Medicine and Digestive Diseases:

Education:

7/1984-6/1988 **UMDNJ-New Jersey Medical School** Newark, NJ

MD June, 1988

8/1980-6/1984 Rutgers College New Brunswick, NJ

BA June 1984

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Training:	Major: Biology Minor: Italian, Sociology	
7/1991-6/1993	UMDNJ-New Jersey Medical School Digestive Diseases Fellowship Gastroenterology, Hepatology, Liver Transplantation	Newark, NJ
7/1989-6/1991	The Mount Sinai Medical Center Residency: Internal Medicine	NY, NY
7/1988-6/1989	The Mount Sinai Medical Center Internship: Internal Medicine	NY, NY
Licensure	Medical License: New York and New Jersey Connecticut Louisiana (inactive)	1988-present 2016-present 1996-2001

Board Certification

		Initial	Recertification
Specialty Board-	<u>Internal Medicine</u>	9/91	5/2001, 11/2011
Subspecialty Board-	<u>Gastroenterology</u>	11/93	5/2003, 11/2013
Subspecialty Board-	<u>Transplant Hepatology</u>	11/06	11/2016

Awards and Honors

Phi Beta Kappa 1984
 Henry Rutgers Honor Society 1984
 Alpha Omega Alpha 1988
 Sigma XI 1988
 Chief Digestive Disease Fellow UMDNJ NJ Medical School 1992-1993
 Surgical Houstaff Teaching Award Tulane University 2001
 Fellow American College of Physicians 2001
 Fellow American Gastroenterological Association 2008
 Fellow American Association for the Study of Liver Disease 2014
 "Best Doctors® in America" 2009-2018
 Castle Connolly Top Doctors; New York Metro Area 2012-2018
 Physician of the Year, New York Chapter, American Liver Foundation 2011
 Marquis Who's Who In America 2013-2017

Academic Service

Course Director: AASLD-ILTS Transplant Course	AASLD 2014
Hep C Link to Care Initiative NYC: Medical Advisory Board	2007-present
Empire Liver Foundation: Medical Advisory Board	2010-present
UNOS Region 9 Liver Transplantation Regional Review Board	2001-2010
Chairman Region 9 Liver Transplantation Regional Review Board	2007-2010
NYCLT (New York Consortium for Liver Transplantation)	2001-present
NYCLT: Clinical Policies Committee, Board of Directors	2002-2005, 2007-present
NYCLT: Clinical Policies Committee Chair	2010-2012
NYCLT: Board of Directors: President	2013-2015
Region 9 Representative UNOS/OPTN Living Donor Committee	2009-2011
Steering Committee NYC Health Dept Viral Hepatitis Program	2015-present
Liver Transplantation Selection Committee: Columbia University P&S	7/01-12/07, 11/15-present
Director: Transplant Hepatology Training Program Columbia U P&S	2004-12/07
Organ Donor Council Columbia Presbyterian Medical Center	2006-12/07
Liver Transplantation Selection Committee, Montefiore	2007-2015
Organ Donor Council Montefiore Medical Center	2007-2015

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Department of Medicine Executive Committee: Columbia U P&S	2017-present
American Liver Foundation: NY Chapter Medical Advisory Committee	2017-present

Professional Organizations and Society Memberships:

American Association for the Study of Liver Disease
 European Association for the Study of the Liver
 American Society of Transplantation
 American Liver Foundation
 American Gastroenterology Association
 International Liver Transplantation Society
 International Hepatitis Society
 United Network for Organ and Tissue Sharing; Liver Transplantation
 American Federation For Medical Research
 American College of Physicians

Consultative

State of Louisiana; Medicaid Subcommittee on Liver Transplantation	1996-2001
U.S. Civilian Research and Development Foundation, Grant Review	1996-2002
CPCRA (Community projects for clinical research on AIDS Hepatitis Working Group	
	1996- 2003

Journal Reviewer

Hepatology
 Gastroenterology
 Liver Transplantation
 Journal of Hepatology
 American Journal of Transplantation
 American Journal of Gastroenterology
 Journal of Clinical Gastroenterology: Associate Editor
 Digestive Diseases and Sciences
 Annals of Hepatology
 Annals of Internal Medicine
 Clinical Infectious Diseases
 Journal of Medical Virology
 Alimentary Pharmacology and Therapeutics
 Journal of Infection and Public Health
 Einstein Journal of Biology and Medicine
 Journal of Clinical Medicine
 Future Virology
 Cleveland Clinic Journal of Medicine
 Clinical Transplantation

Editorial Board

Editor: Liver Health Today
 Editorial Board: Journal of Clinical and Translational Hepatology

Grant Support***Industry Sponsored Protocols:***

A Phase 3b, Multicenter, Open-Label Study to Investigate the Efficacy and Safety of Ledipasvir/Sofosbuvir, With or Without Ribavirin, in HCV Infected Subjects Who Have Failed Prior Treatment With Sofosbuvir-based Therapies: RESCUE Study -GS-US-337-1746

Sponsor: Gilead Sciences

Role: Co-PI

A Multicenter, Randomized, Double-blind, Placebo-Controlled Trial of Emricasan (IDN- 6556), an Oral

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Caspase Inhibitor, in Subjects with Non-alcoholic Steatohepatitis (NASH) Fibrosis: Conatus IDN-6556-12

Sponsor: Conatus

Role: Investigator

A Phase 3, Global, Multicenter, Randomized, Open-Label Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 12 Weeks and Sofosbuvir/Velpatasvir for 12 Weeks in Direct-Acting Antiviral-Experienced Subjects with Chronic HCV Infection who Have Not Received an NS5A Inhibitor: POLARIS 4: GS-US-367-1170

Sponsor: Gilead

Role: Co-PI

A Phase 3, Global, Multicenter, Randomized, Open-Label Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 8 Weeks and Sofosbuvir/Velpatasvir for 12 Weeks in Subjects with Chronic Genotype 3 HCV Infection and Cirrhosis (POLARIS 3: GS-US-367-1173)

NS5A Inhibitor

Sponsor: Gilead

Role: Co-PI

A Phase 3, Global, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 12 Weeks in Direct-Acting Antiviral-Experienced Subjects with Chronic HCV Infection (POLARIS 1: GS-US-367-1171)

Sponsor: Gilead

Role: Co-PI

A Phase 3, Global, Multicenter, Randomized, Open-Label Study to Investigate the Safety and Efficacy of Sofosbuvir/Velpatasvir/GS-9857 Fixed-Dose Combination for 8 Weeks Compared to Sofosbuvir/Velpatasvir for 12 Weeks in Direct-Acting Antiviral- Naïve Subjects with Chronic HCV Infection (POLARIS 2: GS-US-367-1172)

Sponsor: Gilead

Role: Co-PI

A Phase IIb, double blind randomized, controlled clinical trial, to evaluate the efficacy and safety of two Aramchol doses versus placebo in patients with Non-Alcoholic Steatohepatitis (NASH)

Sponsor: Galmed

Role: Investigator

Evaluation of Donor Specific Immune Senescence and Exhaustion as Biomarkers of Operational Tolerance Following Liver Transplantation in Adults

Sponsor: NIH/HIAID

Role: Co-investigator

Educational Contributions

Specific Courses:

Albert Einstein College of Medicine

Introduction to Clinical Sciences and Physical Diagnosis 2007-2015 5-10 students

Digestive Disease Pathophysiology 2007-2015 10-20 students

Columbia University College of Physicians and Surgeons

The Body in Health and Disease 2016-2018 100 students

Paracentesis Simulator 2017-2018 35 incoming interns

Direct Teaching/Precepting/Supervising:

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- Supervision and education of junior and senior medical students, medical/surgical interns, residents, and subspecialty fellows caring for patients on the Liver Transplantation and Hepatology service regarding all aspects of Hepatology and Liver Transplantation.
 - Monthly Ward Service 4-5 hours per day 1994-present 5-10 attendees
- Supervision and education of subspecialty fellows in the performance of; liver biopsy, diagnostic and therapeutic endoscopy
 - Monthly ward service 2-3 hours per day 1994-present 2-3 attendees
- Preceptor: Liver Clinic 2015-present
 - Monthly, preceptor for Digestive Disease Fellows 4 hours per session, 6 attendees
- As the Medical Director of Liver Transplantation and Primary Liver Transplant Physician, responsibilities included the overall administration of the liver transplantation program, including all aspects of compliance, maintaining adherence to UNOS, CMS, NYCLT regulations, as well as implementing clinical and administrative protocols for the liver transplantation program.
 - Continuously 1996-2015
- Enduring Materials:
 - Slide Decks
 - Assessment of Fibrosis in Liver Disease: Empire Liver Foundation 2016
 - Coagulopathy in Liver Disease: Empire Liver Foundation 2017

Mentorship and Trainees

Jay Cowan, MD, Advanced Hepatology Fellow	1996
Debbie Sullivan, PhD	1998-2000
Karim Nemak, MD, Advanced Hepatology Fellow	2001,2002
Kristel Hunt, MD, Advanced Hepatology and Liver Transplantation Fellow	2001-2003
Alex Novogrudsky, MD, Advanced Hepatology Fellow	2003,2004
Scott Fink, MD, Advanced Hepatology and Liver Transplantation Fellow	2005
Ilan Weisburg, MD, Advanced Hepatology and Liver Transplantation Fellow	2006
Phillipe Zamor, MD, Advanced Hepatology and Liver Transplantation Fellow	2006
Brock McDonald, MD, Advanced Hepatology and Liver Transplantation Fellow	2007
Michael Einstein, MD, Advanced Hepatology and Liver Transplantation Fellow	2007
Ari Bumim, MD, Advanced Hepatology and Liver Transplantation Fellow,	2008
Amar Thosani, MD, Advanced Hepatology and Liver Transplantation Fellow	2009
Konica Paul-Bose, MD Advanced Hepatology and Liver Transplantation Fellow	2010
Hina Zaidi, MD Advanced Hepatology and Liver Transplantation Fellow	2011
Adrienna Jirick, MD Advanced Hepatology and Liver Transplantation Fellow	2012
EiEi Soe, MD Advanced Hepatology and Liver Transplantation Fellow	2013
Nihal Patel, MD Advanced Hepatology and Liver Transplantation Fellow	2014
Huda Khaleel, MD Advanced Hepatology and Liver Transplantation Fellow	2015
Whitney Jackson, MD Advanced Hepatology and Liver Transplantation Fellow	2016
Uchenna Agbim, MD Advanced Hepatology and Liver Transplantation Fellow	2016
Jennifer Batisti, MD Advanced Hepatology and Liver Transplantation Fellow	2016-2017
Emily Schonfeld, MD Advanced Hepatology and Liver Transplantation Fellow	2016-2017
Zaid Tafesh, MD Advanced Hepatology and Liver Transplantation Fellow	2016-2017
Saurabh Mukewar, MD Advanced Hepatology and Liver Transplantation Fellow	2017-2018
Clara Tow, MD Advanced Hepatology and Liver Transplantation Fellow	2017-2018

Publications**Peer Reviewed Research Publications**

1. Thompson J, Jones N, Al-Khafaji A, Gaglio P, et al VTI-208 Study Group. Extracorporeal Cellular Therapy (ELAD) in Severe Alcoholic Hepatitis - A Multinational, Prospective, Controlled, Randomized Trial. Liver Transplantation 2018;24:380-393

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2. Lubetzky, M, Soowan C, Joelson A, Coco M, Kamal L, Ajaimy M, **Gaglio PJ**, Akalin E and Deboccardo G Safety and Efficacy of Treatment of Hepatitis C in Kidney Transplant Recipients with Directly Acting Antiviral Agents Transplantation. 2017;101(7):1704-1710
3. Izzy M, Jibara G, Aljanabi A, Alani M, Giannattasio E, Zaidi H, Said Z, **Gaglio P**, Wolkoff A, Reinus JF. Limited Fibrosis Progression but Significant Mortality in Patients Ineligible for Interferon-Based Hepatitis C Therapy. J Clin Exp Hepatol. 2016;6(2):100-8
4. Zahiruddin A, Farahmand A, **Gaglio P**, Massoumi H. Clinical characteristics and response to therapy of autoimmune hepatitis in an urban Latino population. Gastroenterol Hepatol Bed Bench. 2016;9(3):225-30.
5. Jermyn R, Soe E, D'Alessandro D, Shin J, Jakobleff W, Schwartz D, Kinkhabwala M, **Gaglio PJ**. Cardiac failure after liver transplantation requiring a biventricular assist device. Case Rep Transplant. 2014;2014:946961
6. Tandan S, Sun K, **Gaglio PJ** A Rare Finding on Liver Explant. Clin Gastroenterol Hepatol. 2014 Sep;12(9):e85
7. Bichoupan K, Schwartz JM, Martert V, Giannattasio ER, Marfo K, Odin J, Liu L, Schiano T, Perumalswami P, Bansal M, **Gaglio PJ**, Kalia H, Dieterich D, Branch A, Reinus JP. Effect of Fibrosis on Adverse Events in Hepatitis C Patients treated with Telaprevir Aliment Pharmacol Ther. 2014;39:209-216.
8. Kinkhabwala M, Lindower J, Principe AL, Reinus J, **Gaglio PJ**. Expedited Liver Allocation in the US: A Critical Analysis. Liver Transplantation 2013;19(10):1159-65
9. **Gaglio PJ**, Marfo K, Chiodo J. Hyponatremia in Cirrhosis and End Stage Liver Disease; Treatment with the Vasopressin V2 Receptor Antagonist Tolvaptan: Dig Dis Sci. 2012 Nov;57(11):2774-8
10. Flattau, A, **Gaglio PJ**, et al. Social Barriers to Adult Liver Transplantation Listing; Prevalence and Association with Program Characteristics: Liver Transpl. 2011;17:1167-1175
11. Degertekin B, Han SH, Keeffe EB, **Gaglio PJ**. Impact of virologic breakthrough and HBIG regimen on hepatitis B recurrence after liver transplantation.; NIH HBV-OLT Study Group. Am J Transplant. 2011;10:1823-33
12. **Gaglio PJ**, Moss N, McGaw C, Reinus J Direct Acting Antiviral Therapy for Hepatitis C; Attitudes Regarding Future Use: Dig Dis Sci. 2011;56:1509-15.
13. Chapochnick Friedmann J, Olaywi M, Kinkhabwala M, Lu A, Bellemare S, **Gaglio PJ**, Reinus J, H. Massoumi H, Kalia H. Microwave Ablation for Hepatocellular Carcinoma in Patients with Cirrhosis and Portal Hypertension Hepato Pancreatico Biliary Dis, 2011;13,10-11
14. Feuerstadt P, Bunim AL, Garcia H, Karlitz JJ, Massoumi H, Thosani AJ, Pellecchia A, Wolkoff AW, **Gaglio PJ**, Reinus JF. Effectiveness of hepatitis C treatment with pegylated interferon and ribavirin in urban minority patients. Hepatology. 2010;51:1137-1143.
15. Bzowej N, Han S, Degertekin B, Keeffe EB, Emre S, Brown R, **Gaglio PJ**, Reddy R, Lok AS; National Institutes of Health Hepatitis B Virus Orthotopic Liver Transplantation Study Group Liver transplantation outcomes among Caucasians, Asian Americans, and African Americans with hepatitis B. Liver Transpl. 2009;15:1010-20

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16. Verna EC, De Martin E, Burra P, Neri D, **Gaglio PJ**, Emond JC, Brown Jr R The Impact of Hepatitis C and Biliary Complications on Patient and Graft Survival Following Liver Transplantation. Am J Transplant. 2009;6:1398-1405
17. Goldberg D, Weisberg I, Diuguid D, **Gaglio PJ**, Alobeid B, Fink S, Radhakrishnan J. Worth a Second Look Am J Med. 2009;122:24-6.
18. **Gaglio PJ**, Singh S, Degertekin B, Ishitani M, Hussain M, Perrillo R, Lok AS, and the NIH HBV OLT Study Group Impact of the HBV Genotype on Pre- and Post- Liver Transplantation Outcomes Liver Transpl. 2008;14:1420-7.
19. Schecter JM, Alobeid B, Mears JG, **Gaglio PJ** Anti-Erythropoietin Antibody-Mediated Pure Red Cell Aplasia In A Living Donor Liver Transplant Recipient Treated for HCV Liver Transpl. 2007;13:1589-1592.
20. **Gaglio, PJ** Richard Sterling, Eric Daniels, Ellen Tedaldi Hepatitis B-HIV Co-infection: Results of a Survey on Treatment Practices and Recommendations for Therapy Clin Infect Dis. 2007;45:618-23
21. Wong SN, Reddy KR, Keeffe EB, Han SH, **Gaglio PJ**, Perrillo RP, Tran TT, Pruitt TL, Lok AS, and the NIH HBV-OLT Study Group. Comparison of clinical outcomes in chronic hepatitis B liver transplant candidates with and without hepatocellular carcinoma Liver Transpl. 2007;13:334-42
22. **Gaglio PJ**, Brown RS. Who should treat the liver transplant patients? The transplant physician, the hepatologist, or the gastroenterologist? Viewpoint: A specialized Transplant Hepatologist provides optimal management of Liver Transplant Patients. J of Hepatology 2006;44:655-657
23. Moss J, Lapointe-Rudow D, Renz JF, Kinkhabwala M, Dove LM, **Gaglio PJ**, Emond JC, Brown RS Jr. Select utilization of obese donors in living donor liver transplantation: implications for the donor pool. Am J Transplant. 2005;5:2974-81
24. Russo MW, LaPointe-Rudow D, Teixeira A, Guerrera J, Dove LM, **Gaglio P**, Emond JC, Kinkhabwala M, Brown RS Jr. Interpretation of liver chemistries in adult donors after living donor liver transplantation. J Clin Gastroenterol. 2004;38:810-814.
25. **Gaglio PJ**, Rodriguez-Torres M, Herring R, Anand B, Box T, Rabinovitz M, Brown RS; Infergen Study Group. Racial differences in response rates to consensus interferon in HCV infected patients naive to previous therapy. J Clin Gastroenterol. 2004;38:599-604.
26. **Gaglio PJ**, Brown RS, A comparison of Fibrosis Progression in Chronic Liver Disease, A Randomized Control Trial of Ursodeoxycholic Acid in Alcoholic Hepatitis. Reviewed in Hepatitis Index and Reviews 2003;1:1-15
27. J Vyas, RS Brown, **PJ Gaglio** Hepatitis C-HIV coinfection: current and future therapy Expert Review of Anti-infective Therapy 2003;4:433-439
28. **Gaglio PJ**, Brown RS, Scope of Worldwide Hepatitis C Problem Liver Transpl 2003;9:S10-13
29. **Gaglio PJ**, Malireddy S, Levitt BS, Russo MW, Lapointe-Rudow D, Kinkhabwala M, Lefkowitch J, Emond JC, and Brown RS., Jr. Increased Risk of Cholestatic Hepatitis C in Recipients of Grafts from Living versus Cadaveric Donors Liver Transpl. 2003;9:1028-35.
30. Ellen M. Tedaldi, Kathy Huppler Hullsiek, Carlos D. Malvestutto, Roberto C. Arduino, Evelyn J. Fisher, **Paul J. Gaglio**, Elizabeth R. Jenny-Avital, Joseph McGowan, George Perez Prevalence and Characteristics of HCV Coinfection in an HIV Clinical Trials Group. The Terry Beirn Community Programs for Clinical Research on AIDS (CPCRA). Clin Infect Dis. 2003;36:1313-7.

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31. **Gaglio PJ**, Brown RS. Predicting the presence of varices in cirrhotic patients without a history of variceal hemorrhage. Evidence-Based Gastroenterology 2002;3:61-62
32. Michael W. Fried, Joy Peter, Keith Hoots, **Paul Gaglio**, Donald Talbut, Prasad Mathew, P. Charleston Davis, Nigel Key, Gilbert C. White, Lauren Lindblad, Frederick Rickles, Thomas Abshire, and the Hemophilia Hepatitis Therapy Group Hepatitis C in Adults and Adolescents with Hemophilia and Inherited Coagulation Disorders: A Randomized, Controlled, Multicenter Trial of Combination Therapy with Interferon alfa-2b and Ribavirin Hepatology. 2002;36:967-972
33. **Gaglio PJ**, Baskin G, Raterree M, Blanchard J, Cheng S, Dunne B, Liu H, Dash S, Theise N, LaBrecque D. Liver Regeneration Investigated in a non-human primate model J Hepatol. 2002;37:625-32.
34. Sullivan D, Dehaard H, Traboni C, Krasnykh V, Curiel D, **Gaglio PJ**, Mondelli M, Dash S, Gerber MA Construction and characterization of an intracellular single-chain human antibody to hepatitis C virus non-structural 3 protein. J Hepatol. 2002;37:660-8
35. Karavattathayil SJ, Kalker G, Liu HJ, **Gaglio P**, Garry RF, Krause JR, Dash S Detection of hepatitis C virus RNA sequences in B-cell non-Hodgkin lymphoma. Am J Clin Pathol. 2000;113:391-8.
36. **Gaglio PJ**, Dash S, Liu HJ, Cheng S, Dunne B, Baskin G, Bohm R, Blanchard J. Partial hepatectomy and laparoscopic-guided liver biopsy in rhesus macaques (Macaca mulatta): novel approach for study of liver regeneration. Comparative Medicine 2000;50:363-368
37. **Gaglio PJ**, Regenstein F, Slakey D, Cheng S, Takiff H, Thung S, Rinker R, Dick D Alpha 1 antitrypsin deficiency and splenic artery aneurysm: an association? American J Gastroenterol 2000;95:1531-1534
38. Krane NK, **Gaglio PJ** Viral Hepatitis as a cause of Renal Disease S Med Journal 1999;92:353-360
39. Simmons B, **Gaglio PJ**, Daroca P, Gerber M A 67 year old woman with gastrointestinal hemorrhage and chronic hepatitis. J La State Med Soc 1997;149:485-489
40. **Gaglio PJ**, Leevy CB, Koneru B Perioperative Chylous Ascites Journal of Medicine 1996;27:369-376
41. **Gaglio PJ**, Buniak B, and Leevy CB. Primary endoscopic retrograde cholecystoendoprosthesis, a non-surgical modality for symptomatic cholelithiasis in cirrhotic patients. Gastrointestinal Endoscopy 1996;44:339-342

Reviews, Chapters, Monograms, Editorials

42. **Gaglio PJ**, Extra and intrahepatic malignancies in patients with HCV who achieve an SVR with directly acting antiviral agents; should we be concerned that DAA therapy contributed to this phenomenon? Accepted; Journal of Clinical Gastroenterology 2017;51:657-658
43. Kalia H, **Gaglio PJ**: The Prevalence and Pathobiology of NAFLD in Patients of Different Races/Ethnicities; Clin Liver Dis. 2016 May;20:215-24.
44. **Gaglio PJ**, Guest Editor: Nonalcoholic Fatty Liver Disease. Clin Liver Dis. 2016 May
45. Chacko KR, **Gaglio PJ**. Meet the Classes of Directly Acting Antiviral Agents: Strengths and Weaknesses. Clin Liver Dis. 2015 Nov;19(4):605-17
46. **Gaglio, PJ**, Brown RS, Scott Cotler. Medical Care of the Liver Transplant Recipient. Up to Date 2010-2016

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47. **Gaglio PJ Jr, Gaglio PJ Sr** Complications in patients with alcohol-associated liver disease who undergo liver transplantation. Clin Liver Dis. 2012 Nov;16(4):865-75
48. **Gaglio PJ**, Treatment of chronic hepatitis C in a slow responder: a case for extended therapy Nature Reviews Gastroenterology and Hepatology 2009;6:372-375
49. Fink S, **Gaglio PJ**: Hepatitis C in Liver Transplant Patients Current Hepatitis Reports 2008;7:81-87
50. **Gaglio PJ**, Brown RS Jr. Liver Transplantation. *Encyclopedia of Medical Devices and Instrumentation* Copyright © 2006 by John Wiley and Sons, Inc. DOI: 10.1002/0471732877.emd161
51. **Gaglio PJ**, Brown RS Jr. Complications of Liver Transplantation. in "Zakim and Boyer's Hepatology, a Textbook of Liver Disease". 5th Edition. Editors Boyer, Wright, Manns. Saunders, Philadelphia, PA pg 961-974, 2006
52. **Gaglio PJ**, Aron J, and Brown RS. Fulminant Hepatic Failure in "Hepatology, A Practical Approach" Editors Al Knawy, Schiffman, and Weisner. Elsevier, NY pg 315-330, 2004
53. **Gaglio PJ**, Akingbola A, Bartholemew D, Vlacos M, The effect of HIV co-infection on Hepatitis C: a review J of Louisiana State Med Soc 2001;153:552-558
54. **Gaglio PJ** and Steinberg SM: Management of acute liver failure. In Sepsis and Multiple OrganDysfunction, Ed. By Deitch, Vincent and Windsor. Harcourt Publishers, London pp. 410-419, 2002.
55. **Gaglio PJ**, Steinberg S, Preoperative Management of Fulminant Hepatic Failure Adv in Gastroenterol, Hepatol, and Clin Nutrition 1998;3:298-311

Meetings/Invited Oral and Poster Presentations

56. **Gaglio PJ**, Fraij O, Colovai A, Tushaj M, Johnson-Berger L, Mahidashti R, Reinus J. HCV Recurrence Post Liver Transplantation Utilizing "Immuknow" to Guide Immunosuppression Decisions Poster NYSGE 2017
57. Izzy, M. J., Rabbenou, W., Akki, A., Tanaka, K., **Gaglio, PJ.**, & Chacko, K. . Histologic Analysis of Explants of Hepatitis C Patients who Achieved Sustained Virologic Response Prior to Liver Transplantation. *Gastroenterology*, 152(5), S1165. Poster Presentation DDW 2017
58. Izzy MN, Rabbenou W, Khaleel H, **Gaglio PJ**, Chacko K. Impact of Sustained Virologic Response on Manifestations of Portal Hypertension in Decompensated Hepatitis C Virus Cirrhosis. Am J Gastroenterol 111: S357; Poster Presentation ACG 2016
59. **Gaglio PJ**, Sapir T, Carter JD, Green L, Rusie E, Moreo K. Patterns of Care Since the Approval of New Therapies for Hepatitis C Virus (HCV) Infection: A 2013-2014 Real-World Analysis of US Community Specialty Practices Poster Presentation AASLD 2015 Hepatology 62:772A (#1141)
60. Lubetzky, M, Akalin E, **Gaglio PJ**, Debocarro Successful Treatment of Hepatitis C in Renal Transplant Recipients with Directly Acting Antiviral Agents Presentation ASTN 2015
61. **Gaglio PJ**, Glick C, Reinus JF. Survey on pre- and post-transplant management of hepatitis C: Response from medical directors of us transplant programs. Poster Presentation AASLD 2014 Hepatology 60:544A (#708), 2014.

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62. **Gaglio PJ**, Rabbenou W, Florman S, Kato T, Kinkhabwala M, Morgan G, Orloff M, Sheiner P, Teperman L, Delair S. Utilization of simultaneous liver-kidney transplants continues to vary dramatically by UNOS region. Poster Presentation AASLD 2014 Hepatology 60:371A (#342), 2014.
63. Kumar A, Kooragayalu S, **Gaglio PJ** Hilar Cholangiocarcinoma (Klatskin's Tumor) In a Patient with Hepatitis C Cirrhosis Poster Presentation ACG 2014
64. Manhal Olaywi, Aws Aljanabi, Jeffrey Turner, Mustafa Al Ani, **Paul Gaglio**, John Reinus, Enver Akalin, Graciela de Boccardo. Portal Hypertension in cirrhotic patients can cause renal glomerular injury; A case series of patients listed for liver transplantation. Poster presentation ACG 2013
65. Kinkhabwala M, Lindower J, Principe AL, Reinus J, **Gaglio PJ**. Expedited Liver Allocation in the US: A Critical Analysis. Poster Presentation AST 2013
66. **Gaglio PJ**, Florman S, Kato T, Kinkhabwala M, Morgan Glyn, Orloff Mark, Sheiner P, Teperman L, Delair S. Utilization of Simultaneous Liver-Kidney Transplants Varies Dramatically by Region American J of Transplantation 2012;S3:A1651 *Poster session American Transplant Congress*
67. **Gaglio PJ**, Florman S, Kato T, Kinkhabwala M, Morgan Glyn, Orloff Mark, Sheiner P, Teperman L, Delair S. Utilization of Simultaneous Liver-Kidney Transplants Varies Dramatically by Region Hepatology 2011;54:S1A11 *Presented at Liver Transplantation Plenary Session AASLD 2011*
68. Rahimi E, Olaywi MJ, Reinus J, **Gaglio PJ**, Kalia H, Norkus E, Massoumi H Safety and Efficacy of Loco-Regional Treatment Modalities of Hepatocellular Carcinoma in a Geriatric Population 2011 Gastroenterology;140, Issue 5, Supplement 1, S-923-S-924 *Presented at DDW 2011*
69. Akerman S, **Gaglio PJ**: Gender Outcomes and Response to Therapy in Patients with Primary Biliary Cirrhosis Assessed by Patient Gender *Presented at DDW 2010*: Gastroenterology 2010;138:A375
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71. Reddy R, **Gaglio PJ**, Keefe E, Soldevilla-Pico C, Emre S, Ishitani M, Fung S, Lok A. Characteristics and Outcomes following Liver Transplantation (OLT) in Patients with HBV-related Hepatocellular Carcinoma (HCC): Data from the US HBV-OLT Study Hepatology 2005;42A108 presented plenary session AASLD
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73. **Gaglio PJ**, Verna E, Novogrudsky A, Lefkowitch J, Kinkhabwala M, Emond JC, Brown RS. Cholestatic Hepatitis C in Patients with Biliary Obstruction after Deceased and Living Donor Liver Transplantation: Poor Outcomes Despite Therapy. Hepatology 2004;4A451 Poster Presentation AASLD
74. **Gaglio PJ**, Malireddy S, Levitt B, Rudow D, Lefkowitch J, Kinkhabwala M, Russo M, Emond J, Brown RS. Increased Risk of Cholestatic Hepatitis C in Recipients of Grafts from Living versus Cadaveric Liver Donors Hepatology 2003;38:A9 Presented Plenary Session American Transplant Congress

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76. **Gaglio PJ**, Liu H, Dash S, Dunne BP, Ratterree M, Restoration of Liver Surface Area Correlated to Ki-67 Expression following 60% partial Hepatectomy in a Rhesus Macaque Hepatology 2001;34 A 193 Poster Presentation AASLD
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Abstracts:

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79. Izzy MN, Rabbenou W, Khaleel H, **Gaglio PJ**, Chacko K. Impact of Sustained Virologic Response on Manifestations of Portal Hypertension in Decompensated Hepatitis C Virus Cirrhosis. Am J Gastroenterol 111: S357; Poster Presentation ACG 2016
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83. Kumar A, Kooragayalu S, **Gaglio PJ** Hilar Cholangiocarcinoma (Klatskin's Tumor) In a Patient with Hepatitis C Cirrhosis Poster Presentation ACG 2014
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103. **Gaglio PJ**, Malireddy S, Levitt B, Rudow D, Lefkowitch J, Kinkhabwala M, Russo M, Emond J, Brown RS. Increased Risk of Cholestatic Hepatitis C in Recipients of Grafts from Living versus Cadaveric Liver Donors Hepatology 2003;38:A9

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117. **Gaglio PJ**, Vlacos M, Bartholomew D. Therapy with Intron A with or without Ribavirin in Hepatitis C Virus (HCV) Infected Patients with Hemophilia Hepatology 2000;32:A1577

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Invited Presentations and Grand Rounds (selected from 2013) :

1. 5/2018: Update on the Management of Common GI, Pancreas and Liver Disorders Rutgers 24th Annual GI Symposium Assessment of Abnormal Liver Tests New Brunswick NJ
2. 5/2018 Hackensack University Medical Center NAFLD Update 2018, Hackensack NJ
3. 3/2018 Howard University Med Ctr, HCV: Update 2018 Washington DC
4. 2/2018 Lawrence Hospital Medical Grand Rounds HCV: Linkage to Care Bronxville NY
5. 1/2018 St Joseph's Hospital Medicine Grand Rounds HCV; Linkage to Care Yonkers NY
6. 10/2017 NYP-Surgery Lecture Series: NALFD: 2018, Westchester NY
7. 9/2017 NYP-Surgery Lecture Series: NALFD: Update 2018, Rockland NY
8. 8/2017 Emerging Topics in Liver Disease; Houston Methodist Medical Therapy of Obesity
9. 8/2017 Emerging Topics in Liver Disease; Houston Methodist Treatment of HCV DAA Failures
10. 7/2017 West Midtown Medical Group HCV Expert Management
11. 7/2017 St Josephs Medical Center Yonkers NY HCV Management and Treatment Overview
12. 6/2017 West Midtown Medical Group HCV Management and Treatment: Special Populations
13. 5/2017 Harlem United HCV Management and Treatment: Overview and Discussion
14. 5/2017 Harlem United HCV Management and Treatment: Special Populations
15. 5/2017 CUMC Transplant Lunch and Learn: Portal Hypertension and Liver Transplantation

PLAINTIFF'S EXHIBIT 1
Appendix A to PLAINTIFF'S DISCLOSURE OF EXPERT

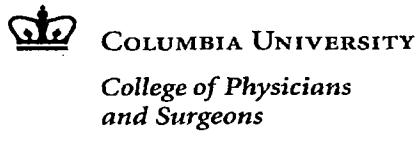
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16. 4/2017 Update in Hepatology/Westchester MD Group: HCV; What You Need to Know in 2017
17. 4/2017 West Midtown Medical Group HCV Management and Treatment: Overview and Discussion
18. 3/2017 Day-In-The-Gut Montefiore Medical Center: Update on NAFLD and NASH
19. 12/16 Update in GI/Hepatology/Clinical Nutrition NYP: HCV: Updates in Difficult to Treat Patients
20. 12/16 Westchester GI Grand Rounds: HCV Update 2016
21. 12/16 Westchester Heath GI Journal Club: Update on NAFLD
22. 10/16 Medicine Grand Rounds NYP-Hudson Valley: Hepatitis C Update 2016
23. 10/16 Asian Health Foundation, NYC: HCC Surveillance and Therapy
24. 10/16 Charles B Wang Community Health Center, NYC HCV: What's New in 2016
25. 9/16 Robert Wood Johnson GI-Hepatobiliary Course: Evaluation of Abnormal Liver Tests
26. 9/16 Robert Wood Johnson GI-Hepatobiliary Course: Liver Mass Evaluation
27. 6/16 Westchester County Grand Rounds: HCV Update 2016
28. 6/16 American Medicaid Pharmacy Administrations Association: HCV: Update on Diagnosis and Therapy
29. 4/16 Washington Heights Medical Group HCV Screening and Linkage to Care
30. 4/16 Bronx HCV Task Force: Post Conference Update from EASL
31. 2/16 Columbia University Medical Center GI Grand Rounds: Controversies in HCV Management
32. 2/16 SUNY Downstate: GI Grand Rounds Chronic HCV Treatment Guidelines
33. 1/16 Harlem United: Chronic HCV Treatment Guidelines
34. 12/15 NYSGE: Update on HCV: cirrhosis, compensated and decompensated
35. 12/15 NYSGE: Are Challenging HCV Patients Still Challenging?
36. 12/15 Update in GI/Hepatology/Clinical Nutrition NYP: Challenging Viral Hepatitis Case Studies
37. 11/15 St John's Riverside Medical Grand Rounds Fatty Liver Disease; Update 2015
38. 10/15 St Barnabas Medical Center, Bronx NY Liver Transplantation; What the Internist Needs to Know
39. 8/15 ASGE: GI Fellows Course: Treatment of Hepatic Encephalopathy
40. 5/15 American College of Physicians; Boston, MA : HCV Therapy 2015
41. 4/15 Pri-Med Annual Conference Management of Hepatic Encephalopathy
42. 4/15 Medicine Grand Rounds; Jacobi Medica Center, Bronx NY HCV; Past, Present, and Future
43. 1/15 GI Grand Rounds Montefiore Medical Center: Management of HCV
44. 12/14 GI Grand Rounds: Lincoln Hospital: Mangement of Chronic HBV
45. 11/14 Bridgeport Hospital GI Grand Rounds: HCV: interferon free regimens
46. 11/14 Advanced Interventional Management Symposium : Complications of Liver Transplant
47. 11/14 Advanced Interventional Management Symposium : Managing the Difficult Post TIPS Pt
48. 9/14 Emerging Topics in GI and Hepatology, Methodist Hospital Houston, HBV Update 2014
49. 8/14 ASGE GI Fellows Course An Update on Hepatic Encephalopathy
50. 7/14 COPE Grand Rounds: HCV and Liver Transplantation
51. 6/14 GI Grand Rounds; Montefiore Medical Center: Update on NAFLD

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52. 6/14 Transplantation Grand Rounds; Montefiore Med Ctr Renal Replacement Therapy and Liver Transplantation
53. 6/14 GI & Liver Associates of the Americas Annual Meeting: Hepatic Encephalopathy
54. 6/14 Renal Replacement Therapy: Montefiore Medical Center: RRT and Liver Transplantation
55. 5/14 Infectious Disease Grand Rounds, Lincoln Hospital, Bronx, NY Update on HBV
56. 5/14 Hepatitis Management State of the Art: NYC 2014: Stratify HCV Therapy
57. 5/14 Medicine Grand Rounds: Wakefield Div Montefiore: Liver Transplantation Update 2014
58. 4/14 American College of Physicians National Meeting: Update on Hepatic Encephalopathy
59. 2/14 Medical Rounds: Montefiore Medical Center: Acute Liver Failure
60. 2/14 Transplantation Grand Rounds: Montefiore Med Ctr, Management of Portal HTN
61. 12/13 Liver Transplantation Grand Rounds, Montefiore Med Ctr: HCV: what is new?
62. 11/13 NS-LIJ Digestive Disease Symposium, Management of HCC, 2013
63. 11/13 Advanced Interventional Management Symposium NY, NY Indications and Contraindications for Liver Transplantation in Patients with Malignancy
64. 11/13 Emergency Medicine Grand Rounds, Montefiore: Liver Transplantation Complications
65. 10/13 Medicine Grand Rounds, Coney Island Hospital: HCV, Past, Present, Future
66. 10/13 Medicine Grand Rounds St Barnabas Medical Center Bronx: Portal HTN
67. 10/13 Medicine Grand Rounds Sound Shore Medical Center, NY: Hepatic Encephalopathy
68. 9/13 Surgery Grand Rounds, Montefiore Medical Center: Management of Portal HTN
69. 9/13 GI Grand Rounds Rutgers Medical School, Newark NJ: Portal HTN Therapy
70. 7/13 Primary Care Grand Rounds Montefiore Medical Center: HBV for Primary Care
71. 6/13 Medicine Grand Rounds Coney Island Hospital: Management of Portal HTN
72. 6/13 GI Grand Rounds: Bronx Lebanon Hospital: HCV Management in Cirrhosis
73. 6/13 SICU In-Service: Montefiore Medical Center ELAD in Liver Failure
74. 4/13 Gelfand Lecture: Rutgers University: Liver Disease and Cirrhosis
75. 4/13 Montefiore Primary Care Grand Rounds: HCV for Primary Care
76. 4/13 GI Grand Rounds Downstate Medical Center NY Update on Hepatic Encephalopathy
77. 3/13 Critical Care Grand Rounds Montefiore Medical Center Liver Transplantation
78. 1/13 Medicine Grand Rounds Montefiore Medical Center: HCV Update 2013



In affiliation with
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LEGAL FEES FOR PAUL J. GAGLIO, MD

<u>DESCRIPTION OF SERVICES</u>	<u>FEE</u>
Retainer Fee (will be subtracted from bill)	\$1,500
Medical Record, Laboratory	
Liver Biopsy Review, Meetings	\$500.00 per hour
Medical Exam	\$2500
Document preparation	\$500.00 per hour
Phone calls/ e-mail	\$300.00 per hour (75\$ each 15 minutes)
Depositions (pre-payment for minimum 1 hour required)	\$1500.00 per first hour \$1,000.00 per any part additional hour
Court Testimony (local-no out of town travel)	\$7500.00 per day
Court Testimony (travel required)	\$10,000 per day

Please feel free to contact me should you have any further questions or if I can be of assistance in any way.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul J. Gaglio".

Paul J Gaglio, MD, FACP, AGAF, FAASLD
Director of Hepatology Outreach
Columbia University College of Physicians and Surgeons
Center for Liver Disease and Transplantation
NY Presbyterian Hospital- Columbia University Medical Center

Virginia Department of Corrections

Guideline for Chronic Hepatitis C Diagnosis/Management

I. Introduction

This guideline reviews the diagnosis of Hepatitis C, the process for referring offenders who have been diagnosed with chronic Hepatitis C for curative treatment with Direct Acting Antiviral drugs and the monitoring of offenders who are not eligible for treatment as well those who have completed treatment. It does not address all aspects of the medical management of offenders with Chronic Active Hepatitis C and Cirrhosis. The Virginia Department of Corrections (VADOC) has an MOA with the VCU Medical Center Hepatology group to evaluate and provide medications for treatment with Direct Acting Antiviral drugs for Chronic Hepatitis C Infection. Management of Hepatitis C takes place over telemedicine by a Nurse Practitioner employed at VCU Medical Center. Requests for approval to refer for treatment should be sent by email to the Chief Physician. A response will be sent by email indicating whether or not the offender is approved for referral. Offenders with more advanced liver disease will be approved for treatment. This will be determined by the AST Platelet Ratio Index (APRI) and/or the Fib-4 score. The formula for calculating the APRI and the Fib-4 score is given in section IV below. Offenders who have indeterminate APRI/FIB-4 results will require additional testing to determine severity of their liver disease. The decision to initiate treatment will be based on HCV disease severity, demonstration of willingness to avoid at risk behavior, and having sufficient time remaining in the VADOC to complete the evaluation, treatment, and follow-up. A subset of offenders with decompensated cirrhosis who have controlled ascites and/or controlled encephalopathy are eligible for treatment while offenders with more advanced decompensation are not eligible for treatment. See section IV for details on which offenders with decompensated cirrhosis are eligible for treatment.

When treatment is approved, it will take place at a facility with 24-hour Nursing staff so the medication can be given by Directly Observed Therapy. Individuals who will undertake medication treatment will be transferred to one of these facilities for the duration of treatment. Transfer should not be arranged until treatment has been approved/or recommended by the consultant and the offender agrees to be treated. Once treatment has started, a medical hold should be placed so the offender will not transfer during treatment.

Information regarding medications and treatment regimens used to treat Hepatitis C are outlined in the American Association for the Study of Liver Disease (AASLD) Recommendations for Testing, Managing, and Treating Hepatitis C.

II. Diagnosis

A. Antibody Test—Testing for anti-HCV antibodies is the first screening test that should be done to evaluate for HCV Infection.

1. If this is negative then no further evaluation is needed except as noted in #2 and #3.
2. If the offender may have been exposed to Hepatitis C in the past 6 months, repeat HCV AB test in 6 months.
3. If the offender is Immune Compromised, check HCV RNA in addition to HCV Ab test.

B. HCV RNA Assay—this should be done if the HCV Antibody test is positive or if the patient has a reason for a false-negative antibody test such as immune compromise. A Quantitative HCV RNA Assay should be performed as this is more sensitive than a qualitative assay.

C. Interpretation-

1. A positive anti-HCV AB test confirms prior exposure to the Hepatitis C virus. It does not confirm chronic infection.
2. A positive HCV RNA Assay confirms the presence of hepatitis C genetic material and confirms the presence of chronic infection.
3. A positive Antibody test with a negative HCV RNA Assay suggests prior infection that has cleared spontaneously or with prior treatment, or a false-positive antibody test. If a quantitative HCV RNA assay is undetectable the test should be repeated in 6 months to confirm absence of infection.

III. Screening for Hepatitis C

Screening for Hepatitis C should be done by performing an anti-HVC Antibody test and should take place in the following circumstances:

A. At intake offender who are identified as having risk factors for Hepatitis C should have testing for anti-HCV Ab. Risk factors include:

1. History of IV Drug use or shared equipment (such as with intranasal use of illicit drugs)
2. HIV Virus Infection
3. Chronic Hepatitis B infection
4. Received donated blood transfusion prior to 1992
5. Received clotting factor prior to 1987
6. Liver disease is present
7. Offender reports history of blood exposure
8. Offender is on or has ever received hemodialysis
9. Tattoos or piercings in prison or other uncontrolled setting
10. Other clinical circumstances or laboratory findings judged by the treating physician to put the offender at risk for Hepatitis C Infection.

- B. Offenders who report a history of Hepatitis C infection when documentation is not available.
- C. Offenders who are incidentally found to have elevated liver enzymes at intake or at other times during incarceration.
- D. Upon the offender's request when they present with risk factors as noted above.

IV. Inclusion Criteria for consideration of treatment

- A. HCV RNA positive
- B. Offenders who enter the VADOC already on treatment for Hepatitis C will be continued on treatment until it is determined that treatment should be discontinued for reasons outlined in this guideline. These offenders should be referred to the VCU Medical Center Hepatitis C Telemedicine Clinic for management.
- C. Referral for treatment based on AST Platelet Ratio Index and the Fib-4:**
 - 1. APRI \geq 1.5 AND FIB-4 \geq 3.25, then prioritize referral for treatment evaluation.
 - 2. If APRI \geq 0.5 and < 1.5 OR FIB-4 \geq 1.45 and < 3.25 (Indeterminate group)
 - a. Refer Offender for FibroScan

FibroScans can be scheduled as follows:

1. Western Region facilities (Except Green Rock CC, Augusta CC, Cold Springs CC) contact Sue Yates, RN or Ernest Herald, RN at Pocahontas State Corr Center by calling (276) 945-2833.
2. Central Region facilities (except Coffeewood CC) contact Gwen Buchanan at Dillwyn Correctional Center by calling (434) 505-3147.
3. Eastern Region facilities contact one of the following:
 Greensville Correctional Center: Contact Chris Moseley, XRay Tech at (434-602-3787)
 Haynesville Correctional Center: Contact Latia Garner, LPN at (804) 333-3577
 St. Brides Correctional Center: Contact Crystal Allen, RN at (757) 421-6600
4. Green Rock CC, Augusta CC, Coffeewood CC, Cold Springs CU: Schedule Fibro Scan at VCU Medical Center Hepatology by submitting a pre-registration.

b. Interpretation of FibroScan results

1. If the E(kPa) Median score on the FibroScan is \geq 7.0 the offender should be referred to VCU Medical Center Telemedicine clinic for treatment evaluation. If that is the case, email the Chief Physician for approval to refer the offender. *
2. If the E(kPa) Median Score is \leq 7.0, treatment should be deferred and the offender should be monitored according to section XIII below.

*VCU Hepatology is expanding the Hepatitis C Telemedicine Cline with an anticipated time of expansion to be in the Fall of 2018. Offenders with

FibroScan E[KPa] score of 7.0 to 9.0 will be held until the clinic expands, at which time an approval will be sent for those offenders to be referred.

3. If APRI is < 0.5 AND FIB-4 is < 1.45, defer treatment and follow per section XII below.
4. Offenders with Decompensated Cirrhosis who satisfy the following criteria are eligible for treatment referral and should be referred to the Hepatitis C Telemedicine Clinic:
 - a. Child-Turcotte-Pugh Class A or B (See Below)
 - b. MELD Score \leq 12 (See Below)
5. Offenders with Decompensated Cirrhosis with Child-Turcotte-Pugh Class C or a MELD score >12 are not eligible for treatment. These offenders can be medically managed by the institutional provider or referred to VCU Hepatology clinic for medical management as deemed appropriate by the institutional provider.

✓

- D. Regardless of category in section IV.B. above, refer offender for consideration of treatment if there are other findings suggestive of advanced liver disease such as low albumin or Platelets, or elevated bilirubin or INR, or if there are extra-hepatic conditions that warrant treatment, such as symptomatic cryoglobulins, debilitating fatigue.
- E. Offenders with at least 7 months remaining on their sentence at the time of treatment initiation. Offenders should be advised of this requirement. Those offenders who cannot be treated during incarceration and who are indigent and a Virginia resident, may be eligible for treatment at no cost through the Virginia Coordinated Care Program at VCU Medical Center. The contact number for this program is (804) 828-0966. Those offenders should be provided this number to call once they are released to find out if they are eligible for treatment through the program.
- F. Offenders who have been treated and failed to have a sustained viral response are eligible for retreatment. They do not have to go back through the approved process.
- G. Completion of the pre-treatment evaluation.
- H. Offenders who are willing to adhere to a rigorous treatment regimen and demonstrate a willingness to abstain from high-risk behavior while incarcerated.
- I. Offender should have shown good compliance with previously prescribed medication regimens. Offenders on chronic non-PRN medications should be considered in good compliance if they have taken 80% of the doses each month for 3 months prior to initiating the work up. They should remain in good compliance while waiting for the appointment.
- J. Liver Transplant Recipients—these offenders should be referred to the VCU Medical Center Offender Hepatology clinic for evaluation and recommendations.
- K. Offenders with HIV and/or chronic Hepatitis B co-infection will be evaluated and approved for referral using the same criteria as offenders without co-infection. Offenders co-infected with Chronic Active Hepatitis B may require treatment for that

PLAINTIFFS EXHIBIT 2

condition as well and if that is the case, will be referred to the Hepatology clinic for management.

L. Once an offender has been approved for referral to the VCU Hepatitis Telemedicine Clinic, they should be referred for a Liver Ultrasound to screen for Hepatocellular Carcinoma. The ultrasound report should be forwarded to VCU Telemedicine Coordinator to be placed with the offenders file.

**Calculation of the APRI:

$$(AST \div ULN) \times 100 \div \left(\text{Platelet Count} \times \frac{10^3}{\mu\text{L}} \div 1000 \right)$$

**Calculation of FIB-4:

$$(\text{Age} \times \text{AST}) \div [(\text{Platelet count} \times 10^3/\mu\text{L} \div 1000) \times \text{Sq Root of ALT}]$$

Note that FIB-4 Calculator can be found online at:

<http://www.hepatitis.cuw.edu/page/clinical-calculators/fib-4>

MELD Calculator can be found online at:

<http://www.mdcalc.com/meld-score-model-for-end-stage-liver-disease-12-and-older/>

Child-Turcotte-Pugh (CTP) Calculator

This calculator is used for the classification of the severity of cirrhosis.

	Points*		
	1	2	3
Encephalopathy	None	Grade 1-2 (or precipitant-induced)	Grade 3-4 (or chronic)
Ascites	None	Mild/Moderate (diuretic-responsive)	Severe (diuretic-refractory)
Bilirubin (mg/dL)	<2	2-3	>3
Albumin (g/dL)	>3.5	2.8-3.5	<2.8
PT (sec prolonged) or INR	<4	4-6 1.7-2.3	>6 >2.3

CTP class (add score for each parameter):

A= 5-6 points

B= 7-9 points

C= 10-15 points

V. Exclusion criteria

- A. Less than 7 months remaining on sentence at the time of treatment initiation. Parole eligibility doesn't exclude an offender from treatment consideration on the basis of this criteria.
- B. Founded charges during incarceration for the past 2 years, or documented use of alcohol or illegal injection drugs or other illegal substances known to contribute to progression of liver disease. These will be evaluated case-by-case by the Chief Physician.
- C. Founded charges for tattoos (intradermal), or offender self-reporting of new tattoos, or medical documentation of new tattoos, in the past 2 years during incarceration to be determined case-by-case by the Chief Physician.
- D. For offenders who have founded charges under B and C above this information should be placed on the Hepatitis C Referral Request Form and the form sent to the VADOC Chief Physician for review.
- E. APRI < 0.5 AND FIB-4 < 1.45 without significant extra-hepatic conditions associated with HCV.

Note that parole eligibility is not an exclusion

VI. Initial Laboratory Evaluation

- A. CBC
- B. CMP
- C. PT/INR
- D. Anti-HIV
- E. Quantitative HCV RNA(Viral Load)
- F. HCV Genotype
- G. HgbA1C, if diabetic
- H. Serum Pregnancy Test in women
- I. Anti-HAV total, HBsAg, HBsAb, and HBcAb(IgG) if not done with original hepatitis screening.
- J. Consider testing for other liver conditions as appropriate (ANA, ASMA, A1AT, Iron Panel and Serum Ferritin, ceruloplasmin).
- K. Liver ultrasound to screen for Hepatocellular Carcinoma. This should be done once the offender has been approved for referral.

VII. Prior to Initiating Treatment(after treatment recommended by the Hepatitis C Telemedicine Clinic Nurse Practitioner)

- A. Offender should be transferred to a facility with 24-hour Nursing for Directly Observed Therapy. A medical hold should be placed on the offender once they are at the facility where they will be treated. The hold can be cancelled once treatment is complete.
- B. Hepatitis A and Hepatitis B Vaccines
 - 1. All Hepatitis C RNA positive offenders should be offered Hepatitis A and Hepatitis B Vaccine if not immune.
 - 2. Hepatitis A Vaccine and Hepatitis B Vaccine should be administered and immunization documented as outlined in the Virginia Department of Corrections

Standard Treatment Guideline for Hepatitis A(HAV) Immunization and Treatment, and the Standard Treatment Guideline for Hepatitis B(HBV) Immunization and Treatment, respectively.

C. Make sure Hepatitis C Treatment Consent form is signed by all offenders (Attachment 3).

VIII. Monitor at the Facility During Treatment

- A. Follow regularly in clinic to ensure compliance, monitor adverse events and potential drug interactions with new prescriptions.
- B. Any non-compliance with treatment should be reported to the Nurse Practitioner at the Hep C Telemed Clinic. The Nurse Practitioner is Reena Cherian, and she can be reached at (804) 828-9663.
- C. Make sure all labs are ordered as instructed by the Nurse Practitioner at the VCU Hepatitis C Telemedicine Clinic. The timing of drawing labs should coincide with the start date of the medication and not with the date of the clinic appointment.
- D. Consider ordering the medication to be given in the morning or in the evening based on offender preference to improve compliance.
- E. Whenever there are medication doses leftover at the end of treatment (due to non-compliance or other reason) continue the medication until all doses are taken, unless otherwise instructed by the Nurse Practitioner in the Hep C Telemed Clinic.

IX. Request for Approval to Refer for treatment—Fax or email the following information to the VADOC Chief Physician, [fax #(804)674-3551]:

- A. All lab results as listed in section V. Pretreatment Labs(performed within the previous 12 weeks). If any requested labs are omitted the request will not be processed. Submit lab results to the Chief Physician using the Hepatitis C Treatment Worksheet (Attachment 3)
- B. A completed Hepatitis C Referral Request form. (See Attachment 1)
- C. FibroScan report if done
- D. A response to the request will be sent by email.

X. Discontinuation of Treatment

- A. The decision to discontinue treatment will generally be made by the VCU HepC Telemed Nurse Practitioner and treatment should not be discontinued without first discussing with the VCU Hep C Telemedicine Clinic Nurse Practitioner. (Reena Cherian at (804) 828-9663.)
- B. Reasons to discontinue treatment:
 1. A \geq 10-fold increase in ALT at week 4 or beyond of treatment. Call VCU Hepatitis C Telemedicine Nurse Practitioner right away to discuss.
 2. Any increase in ALT of <10-fold at week 4 if accompanied by any weakness, nausea, vomiting, jaundice or by an increased bilirubin, Alkaline Phosphatase, or PT/INR.

3. NON-RESPONSE to treatment:

If the quantitative HCV RNA is detectable at week 4 this should be repeated in 2 weeks. If quantitative HCV RNA has increased by >10-fold(>1 log₁₀U/mL) on repeat at 6 weeks or later, treatment should be discontinued due to treatment failure. If there is a <10-fold increase in HCV RNA at week 6, do not stop treatment but repeat HCV RNA in another 2 weeks. If there is a <10-fold increase in HCV RNA at week 6 or week 8, do not discontinue treatment.

4. If a new tattoo appears or offender receives a founded tattoo charge.
5. If a positive drug screen is reported.
6. If a blood alcohol test is positive.
7. If an offender on Hepatitis C treatment has a founded charge for tattoos, drug or alcohol use, before discontinuing treatment, this must be discussed with the Chief Physician. Decisions regarding discontinuation of treatment in these circumstances will be made on a case-by-case basis with discussion between the treating Institutional Physician the VADOC Chief Physician, and the VCU Hepatitis C Telemedicine Clinic Nurse Practitioner.
8. If offender demonstrates non-compliance with medication.

XI. Monitoring Offenders Who are not a Candidate for Treatment due to low APRI and Fib-4 Scores

- A. Most offenders who are not eligible for treatment can be monitored once per year.
- B. Offenders with co-infected HIV or other immunocompromised condition, or Hepatitis B, or with Genotype 3 disease, should be monitored every 6 months.
- C. Monitoring should include clinical evaluation and CMP, CBC, PT/INR and calculation of APRI and FIB-4. Refer for treatment as indicated if disease progresses.
- D. For offenders who fall into and remain in the indeterminate group (section IV.C.2 on page 2) a FibroScan should be done every 3 years even if other labs do not suggest disease progression.

XII. Monitoring Offenders Who Have Been Treated With or Without a Sustained Viral Response or are not eligible for treatment due to MELD score >12 or CTP class C(Offenders with more advanced disease)

- A. These offenders can be followed at their facility by placing them in Chronic Care Clinic or by scheduling them for regular follow-up visits as would occur in a community setting(at the discretion of the treating Provider). **Do not refer offenders to VCU Hepatology for follow-up after treatment as a matter of routine.** Unless an offender has difficult to manage decompensated cirrhosis, they do not need to be referred to VCU Hepatology or the Hepatitis C Telemed clinic for disease surveillance after treatment is complete. At the discretion of the Institutional Provider, they can be referred to VCU Hepatology clinic if felt to have complications that require specialist care, or the Institutional Provider is not comfortable managing the case.
- B. Routine Surveillance
 1. Yearly CMP, CBC, PT/INR

2. **Hepatocellular Carcinoma Screening/Surveillance**
 - a. Liver Ultrasound every six(6) months to screen for Hepatocellular Carcinoma for offenders with bridging fibrosis(F3) or worse.
 - b. The VADOC is not using Alpha-Fetoprotein to screen for HCC>
3. **Esophageal Varices(EV) Screening/Surveillance**
 - a. Screening and surveillance for EV is done with Upper Endoscopy(EGD)
 - b. Upper Endoscopy should be done every three(3) years for offenders with a FibroScan E[kPa] score > 20 or a Platelet count <150k. Offenders with these parameters are at increased risk for varices.
 - c. Offenders with a FibroScan E[kPa] score <20, a Platelet count >150, and who have a Sustained Viral Response after treatment, do not require surveillance for Esophageal Varices.
 - d. All offenders with decompensated cirrhosis should undergo screening for EV.
 - e. Offenders who have been placed on Beta-blocker for bleeding prophylaxis do not need to continue surveillance with EGD.
 - f. **Follow-up Surveillance for EV**
 1. Offenders with Sustained Viral Response(SVR) after treatment and who have a FibroScan E[kPa] score > 20 or a Platelet count <150, should have a follow-up EGD as follows:
 - No varices on initial screening repeat EGD every three years.
 - Small varices(with no red signs) on initial screening repeat EGD every two years.
 2. Offenders without SVR and no varices should have a follow-up EGD every two years.
 3. Offenders without SVR and small varices(with no red signs) should have follow-up EGD yearly.
 4. Offenders with decompensated cirrhosis should have a follow-up EGD yearly(if not on bleeding prophylaxis with B-blocker).
- C. **Prophylaxis for Variceal Bleeding—Offenders with the following findings should be placed on variceal bleeding prophylaxis with a non-selective Beta-blocker(Propranolol, Nadolol):**
 1. Small varices with red signs
 2. Medium varices
 3. Child Class B or C Cirrhosis
 4. Start with a low dose(Propranolol 20mg BID or Nadolol 40mg per day) and titrate up to a target heart rate of 55-60 beats/min, as tolerated. A lower starting dose may be necessary if intolerant.
 5. Offenders with Large Esophageal Varices should be referred to Hepatology to be evaluated for Esophageal Variceal Ligation.
 6. If there is a question about how to manage an offender with documented varices, if a case is complicated by bronchoconstriction, Congestive Heart Failure, or Refractory Ascites, or if pulse rate does not drop with B-blocker, or B-blocker cannot be tolerated due to hypotension, refer offender to Hepatology for recommendations.

XIII. Work Assignments

a. Those who test positive for HCV have no work restrictions.

Signature on file

Mark Amonette, MD Chief Physician



Revised 06/16

Revised 6/17

Revised 5/18

REFERENCES

American Association for the Study of Liver diseases and the Infectious Diseases Society of America. 2015

CDC: Hepatitis C Information on Testing & Diagnosis. www.cdc.gov/hepatitis
October 2013

FDA Drug Safety Communication: FDA warns about risk of Hepatitis B reactivating in some patients treated with direct acting antivirals for Hepatitis C

<https://www.fda.gov/drug/drugsafety/ucm522932.htm>

Interim Guidance for the Management of Chronic Hepatitis C Infection.

Federal Bureau of Prisons, Clinical Practice Guideline. June 2014.

http://www.bop.gov/resources/health_care_mngmt.jsp

Medication Adherence: WHO CARES?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068890/>

Recommendations for Testing, Managing, and Treating Hepatitis C. At

[http://www.hcvguidelines.org/.](http://www.hcvguidelines.org/)

Colombo, Massimo, MD, Author. Prevention of Hepatocellular carcinoma and recommendation for surveillance in adults with chronic liver disease. In UpToDate. Last Updated: May 30, 2017.

Sanyal, Arun J, MD, Author. Primary and pre-primary prophylaxis against variceal hemorrhage in patients with cirrhosis. In UpToDate. Last Updated: Jan 04, 2018.

Standard Treatment Guideline, Hepatitis C. Commonwealth of Virginia, Department of Corrections. February 18, 2004.

Attachment 1

Hepatitis C Referral Request

Offender Name	DOB	DOC ID#	Date
			YES NO N/A
1. Does the offender have a least 9 months remaining on his/her sentence?			— —
2. Has the offender received a charge for use of alcohol or illegal drugs in the past 2 years?			— —
3. Has the offender received a charge for tattoos in the past 2 years?			— —
4. Does the offender have clinical signs/symptoms of decompensated Cirrhosis (Ascites, Encephalopathy, Esophageal Varices)?			— —
5. If "yes" to # 4, What is the offenders Child-Turcotte-Pugh Class And MELD score			— —
6. Is the offender pregnant?			— — —
7. What is the APRI Score?[(AST÷ULN) x 100÷(Plt Ct x 10 ³ /uL÷ 1000)]			— —
8. What is the FIB-4 Score? (Age x AST) ÷ [(Plt count x 10 ³ /uL÷ 1000) x Sq Rt of ALT]			— —
9. Does the offender have an uncontrolled major illness (eg. HTN, DM, CAD, CHF, Asthma, COPD, Thyroid Ds or other)? Specify: _____			— —
10. Has the offender been compliant with previously prescribed medications?			— —
11. List any other medical conditions the offender has: _____ _____			— —

Fax or email this completed form along with the following labs to the VADOC Medical Director [fax# (804)674-3551]:
CBC, CMP, PT/INR, HIV, HCV Viral Load, HCV Genotype, and Calculated GFR. If Genotype 3 include: TSH, HgbA1C.
Any omitted information will constitute an incomplete request which will not be processed.

Person completing form (print)

Facility

Contact Phone #

Attachment 3

Attachment 2

(2 pages)

Hepatitis C Treatment Consent

Patient Initial each:

1. I understand that treatment may be of no benefit and may not get rid of my Hepatitis C Infection.
2. I understand that my medication treatment may be different than the treatment of another offender and will be determined by specific circumstances related to my infection(such as Genotype, presence of cirrhosis, past treatment history).
3. I understand that if my labs during treatment indicate that I am not responding to treatment or if I have certain abnormal labs, my treatment may be stopped early.
4. I understand that I will require regular blood work to be drawn during treatment to monitor side effects or response to treatment and that I need to cooperate with having blood drawn. Also, that failure to cooperate with having blood work done may result in discontinuation of treatment.
5. I understand that I must not become pregnant or attempt to impregnate my partner during my Hepatitis C antiviral treatment or for 6 months after stopping treatment. Also, that I must use two forms of birth control during heterosexual activity while taking the medication and for 6 months after the medication is stopped. Ribavirin can cause fetal abnormalities and death.
6. I understand that my failure to comply with the medication, blood testing, or regular appointments may result in my provider stopping the medication treatment.
7. I understand that drinking alcohol is forbidden and causes injury to the liver.
8. I understand that I must not be involved in any activity that may transmit the Hepatitis C virus including tattooing, sexual activity in prison, IV drug use, intranasal drug use. Being involved in any of these activities may result in loss of eligibility for treatment or stopping treatment that has been started.
9. I understand that I may be required to undergo random blood or urine testing for illegal substances and that a positive test may result in stopping, or loss of eligibility to take the Hepatitis C medications.
10. I understand that completion of this agreement does not guarantee that I will be approved for Hepatitis C treatment.
11. My initials above and signature below signify my understanding of /and agreement to comply with the requirements. I understand that failure to comply with the requirements may result in loss of eligibility for treatment or in discontinuation of treatment already in progress.
12. I understand that if I am not at a 24-hour Nursing facility I will have to be transferred to a 24-hour facility while I am taking medication for Hepatitis C.

Attachment 2 (cont.)

13. I understand that if I take treatment and am cured of my Hepatitis C infection, this will not protect me from becoming re-infected if I participate in risky behavior such as IV drug use, getting tattoos, or having sex with an infected person.

14. I understand that if I have Hepatitis B Infection there have been reports of reactivation of Hepatitis B during antiviral treatment for Hepatitis C, including cases of Fatal Fulminant Hepatitis.

15. I understand that I need to have at least 9 months remaining on my time in the Virginia Department of Corrections at the time I start taking medication for Hepatitis C in order to be eligible for treatment. This is because there needs to be adequate time to take the treatment and to be followed-up after treatment. Therefore, if I have less than 2 years left on my sentence there may not be adequate time to complete the evaluation and schedule an appointment to meet the 9 month deadline.

Patient Name _____ Clinician Name _____

Signature _____ Date _____ Signature _____ Date _____

Attachment 3

Hepatitis C Treatment Worksheet

1. Name: _____ DOC#: _____ DOB: _____

2. DOL: _____ DOR: _____ Less than 9 months left in VADOC: Y N

3. Date diagnosed: _____ Previous HCV Treatment Y N Date: _____
Type: Interferon Pre-Intro/Ribovarin

4. HCV Genotype: _____ HCV Viral Load: _____ Date: _____

5. APRI: _____ Date: _____ Note: <5(No Fibrosis), >1.5(Cirrhosis), 0.5-1.5(Progressive Fibrosis)

6. Fib-4 Score: _____

7. WBC: _____ Hgb: _____ Hct: _____ Plt: _____ PT: _____ INR: _____ Date: _____

8. AST: _____ ALT: _____ ALKPHOS: _____ T.Bili: _____ Albumin: _____ Date: _____

9. AFP: _____ ANA: _____ Transferrin: _____ HBA1C(diabetic): _____ Date: _____

10. BUN: _____ CREAT: _____ GFR: _____ Na: _____ K: _____ Amylase: _____ Date: _____

11. HIV: _____ Anti-HAVIgG: _____ HBsAg: _____ HBsAB: _____ Date: _____

12. Medical History (Circle all that apply) DM HTN CAD CHF COPD Asthma HBV HIV Cancer
Kidney Dz Thyroid

13. Medical History(write in additional): _____

14. Mental Health Diagnosis: _____ Code: _____

15. HAV Vaccine Y/N HBV Vaccine Y/N

16. HCV Treatment Consent Form Signed Y/N

17. Prepared by: _____ Date: _____

18. Fax to VADOC Medical Directory Dr. Amonette at (804) 674-3551 Date: _____

**APRI Calculator (AST/ULN=X; X/PLT=Y; Y x 100=APRI)

SA000931

To: Diane Landauer, MD

From: Mark Amonette, MD

Re.: Terry Riggelman

DOC#1000538

Date: 11/8/16

After review of the information provided it is determined that the above offender does not meet the criteria for Hepatitis C treatment at this time and is therefore not approved for referral to the VCU Hepatitis C Telemedicine Clinic. The offender should be monitored according to the VADOC Interim Guideline for Chronic Hepatitis C Infection Management. This includes a clinical evaluation as well as checking a CMP, CBC, PT/INR, and calculating the APRI and FIB-4. This should be done every 6 months for offenders co-infected with HIV(all genotypes) and offenders with Genotype 3 disease, and annually for offenders with all other Genotypes. If lab values(Pt or INR), the FIB-4 or the APRI score suggest disease progression, then a request should be resubmitted for treatment approval.



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1

DOC Location: C00 Central Office,

Administration

Report generated by HR

Report run on 01/20/2017 at 2:49 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00632
Housing		Filed Augusta Correctional Center	
N-4-30-T			

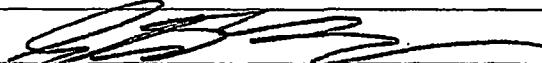
LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

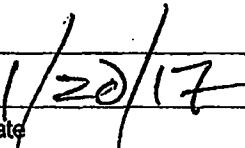
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you did not receive your medication refill at the pill window on 12/03/16 or on 12/05/16.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. As you were advised, it is reported that your issue was resolved during the informal process when you received your Neurontin medication on 12/06/16. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.


Regional Director, Health Services Director, or Chief of Operations for Offender Management Services


Date



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A

DOC Location: C00 Central Office,

Administration

Report generated by HR

Report run on 01/20/2017 at 2:49 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00632
Housing		Filed Augusta Correctional Center	
N-4-30-T			

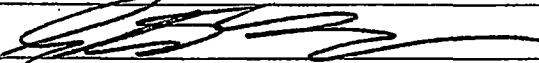
LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

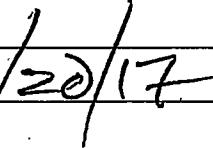
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you did not receive your medication refill at the pill window on 12/03/16 or on 12/05/16.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. As you were advised, it is reported that your issue was resolved during the informal process when you received your Neurontin medication on 12/06/16. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.


Regional Director, Health Services Director, or Chief of Operations for
Offender Management Services


Date

Jan 27 2017



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Frady, J D

Report run on 01/11/2017 at 8:43 AM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00632
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that between 12/3/16 and 12/6/16 medical did not have your pain medication. You state that there is no medical reason why there should be a 3 1/2 day delay between the 1st 30 day and the 2nd 30 day supply of a 90 day prescription. You state that the system is designed to make sure this does not happen. You claim that per OP 720.1, page 2, section 1, "the continuity of health care including the continuity of medication shall be available from admission to discharge." You state that a 3 1/2 day gap in the 1st 30 day and the 2nd 30 day supply is not continuity of medication. You state that in OP 720.1, page 2, section 5, it states "offenders have unimpeded access to health care, including but not limited to adequate pain management for acute and chronic care conditions". You claim that this medication was for acute sciatic pain and you informed medical twice per Emergency Grievances, that you were in pain due to lack of medication. You state that the pill dist. network in med. is computerized and the pill cards are designed to let you know when they are close to running out, there is no medical reason for this delay. You want to see a specialist for your back/sciatic nerve problem. You state that obviously the medical department here is incompetent to the point they cant even order medications properly, so we know there diagnosis and treatment abilities are very much in question. You want this issue remedied.

Informal Summary: RN Shipp states, Gabapentin (Neurontin) just needed to be refilled. The current order is good until 2/1/17, when another non-formulary approval would need to be submitted. The refill request was submitted on 12/3/16 (Saturday). It was shipped on the 5th and arrived the 6th.

Investigation: Per RN Shipp, your Gabapentin was profiled when it was reordered and arrived the next evening. You have been seen, evaluated and treated by the medical staff here at Augusta Correctional Center. Your medication was ordered in accordance with medical policy and procedure and arrived at ACC on 12/6/16. No violation of policy or procedure has been found.

Procedure: This matter is governed by Operating Procedure 720.5.

Based on the information above your Grievance is deemed UNFOUNDED.

RECEIVED

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services Director, PO Box 26963, Richmond, VA 23261-6963

JAN 17 2017

OFFICE OF HEALTH SERVICES

Warden/Superintendent <i>JAN Work</i>	Date <i>1/11/17</i>
---------------------------------------	---------------------

I wish to appeal the Level I response because: *per op 720.1 pg 2 section N.1, "The continuity of health care, including the continuity of medication shall be made available from admission to discharge." There should not have been a 3 1/2 day delay between the 1st 30 days and the 2nd 30 days of a 90 day prescription. There is no medical reason for this delay again.*

Offender Signature <i>Terry Riggleman</i>	Date <i>1-11-17</i>
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**VIRGINIA
DEPARTMENT OF CORRECTIONS**

Regular Grievance See Exhibit

REGULAR GRIEVANCE

Log Number: 101619202

Riggleman	Terry	1000538	N-4	30
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) Between 12-3-16 (mon) and 12-6-16 (eve) Medical did not have my pain med. There is NO medical reason why there should be a 3 $\frac{1}{2}$ day delay between the 1st 2-day and the 2nd 3-day supply of a 90 day prescription. The system is designed (resil notice on picard via sticker) to make sure this does NOT happen. Per op 920.1 pg 2 section 1, "The continuity of health care including the continuity of medication shall be available from admission to discharge." A 3 $\frac{1}{2}$ day gap in the 1st 3 day and 2nd 3 day supply is NOT continuity of medication. See also op 920.1 pg 2 section 5, "Offenders have unimpeded access to health care, including but not limited to, Adequate pain Management for acute and chronic conditions." This medication was for Acute Sciatic pain. I informed med. twice, per Eng. Griev (attached) that I was in pain due to lack of med. The pill dist. Network in med. is computerized and the pill cards are designed to let you know when they are close to running out. There is NO medical reason for this delay. (Informal complaint Attached) (2 Eng. Griev. Attached)

What action do you want taken? I want to see a specialist for my back/sciatic nerve problem.
Obviously the med. department here is incompetent to the point they can't even order meds
properly so we know their diagnosis and treatment abilities are very much in
question. I want this issue remedied.

Grievant's Signature: Dorothy Rigglenan **Date:** 12-17-16

Warden/Superintendent's Office:

Date Received: _____

1 of 2

UCL Revision Date: 1/14/13

SA000457



VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

Dec 05 2016
Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

RECEIVED
DEC 05 2016
MEDICAL

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

<u>Terry Riggeman</u>	<u>1000538</u>	<u>N-4-30</u>
Offender Name	Offender Number	Housing Assignment
<input type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Treatment Program Supervisor
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input checked="" type="checkbox"/> Medical Administrator	<input type="checkbox"/> Other (Please Specify): _____	

Briefly explain the nature of your complaint (be specific): The evening of Dec. 3rd I went to get my medication at the pill window and was told "it had to be re-ordered and would be here on Mon. Dec 5th. I filed an emergency grievance (Attached) because of problems I've expressed to the Dr. that occur when I miss doses of this type of med. As you can see I was given her run-around. On Mon. 5th my med. was still not here so I filed another emerg. griev (Attached) was given same type & run-around. My complaint is that being that I am only 30 days into a 90 day prescription there should be a gap in my medication. A 3 1/2 day delay is unacceptable and shows gross negligence and deliberate indifference towards my serious medical needs. This type of med. should not be skipped.

Offender Signature Terry Riggeman Date 12-6-16

Offenders - Do Not Write Below This Line

Date Received: 12/8/16 Tracking # ACC16 INF03680

Response Due: 12/18/16 Assigned to: Medical

Action Taken/Response:

Gabapentin (Neurontin) just needed to be refilled. The current order is good until 2/1/17 - when another non-formulary approval would need to be submitted. The refill request was submitted 12/3 (Saturday). It was shipped on the 5th & arrive the 6th.

RShipp RN EShipp RN 12/12/16
Respondent Signature Printed Name and Title Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: DEC 20 2016

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000463



VIRGINIA
DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_P4_4-16

Emergency Grievance Log # 08532

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Riggleman Terry 1000538 A.C.C N-4-30
Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? At evening p.m call medical did not have my medication. This is a 90 day prescription and I am only 30 days into it so there is No excuse for a delay in ordering it. I've already expressed my concerns previously to the Dr. about how missing doses of this medication makes me feel weird also the medication is for pain so I will have to hurt untill the ones that were ordered come in. I know there are some in the pharmacy that I can be given.

12-3-16 5:33 p.m Terry Riggleman 1000538
Date/Time Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

Submit Informal Complaint Evaluated by Medical: Date Seen _____
 Submit Sick Call Request Send an Offender Request To: _____
 Submit Request to Dental Other (Provide detailed explanation below)

Your medication has been ordered. WE DO NOT HAVE ABA-
-PEKTIV IN "back up", AND THE CARDS WE HAVE IN PHARMACY
ARE SPECIFIC FOR EACH OFFENDER. IT IS ILLEGAL TO GIVE YOU

Your grievance has been determined to be an emergency and the following action has been taken:
 Sent to Hospital: Date Transported _____ Other (Provide detailed explanation below)

WEIR MEDICATION. YOU MAY ADDRESS YOUR CONCERN WITH
THE PHARMACY MANAGER ON MONDAY.

12-3-16 1815 J. Miller LPN
Date/Time Respondent Signature Name/Title Printed

PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or
Administrative Duty Officer, and facility PREA Compliance Manager notified
Alleged sexual abuse or sexual harassment Will be referred for Investigation DEC 20 2016

Determination by: _____
Signature Name/Title Printed Date/Time

SA000464



VIRGINIA
DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance Log # 08546

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Riggleman Terry 1000538 A.C.C. N-4-30
Offender Last Name First Number Facility Building-Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? Haven't had my meds since the morning of 12-3-16. Was told there was a stare and they were re-ordered and would be here today. I am only 30 days into a 70 day prescription so there shouldn't be a delay in medication. I am in pain my foot and leg feel like they are on fire. I was told both times mar-eve today that med. is still not here. This shows deliberate indifference and gross negligence towards my serious medical needs.

12-5-16 5:10 pm Terry Riggleman 1000538
Date/Time Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
 Submit Informal Complaint Evaluated by Medical: Date Seen _____
 Submit Sick Call Request Send an Offender Request To: _____
 Submit Request to Dental Other (Provide detailed explanation below)

medication is on order will contact you once medication arrives

Your grievance has been determined to be an emergency and the following action has been taken:
 Sent to Hospital: Date Transported Other (Provide detailed explanation below)

12/5/2016 6:37 AM-Corona LPM W. Causen LP
Date/Time Respondent Signature Name/Title Printed

PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
Alleged sexual abuse or sexual harassment Will be referred for Investigation DEC 20 2016

Determination by: _____ Signature Name/Title Printed Date/Time
Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

860-7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 06/29/2016 at 2:26 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00341
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

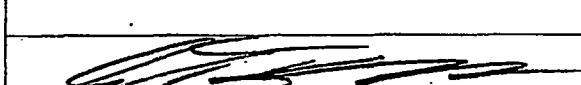
LEVEL II HEALTH SERVICES DIRECTOR:

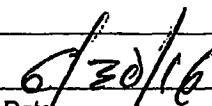
Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that Dr. Landauer is prescribing you the same ineffective treatment for your chronic sciatic nerve pain.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Be advised that this is a repetitive issue. Please see level II grievance #00044. This issue is governed by **restricted policy**.

If you have any further issues, please resubmit a sick call request for further evaluation of your nerve pain and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.


Regional Director, Health Services Director, or Chief of Operations for
Offender Management Services


Date

RECEIVED
JUL 11 2016
GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Frady, J D

Report run on 06/20/2016 at 2:44 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00341
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that Dr. Landauer is being deliberately indifferent and committing gross negligence towards your chronic leg/back pain. You claim to have been in medical relentlessly for the past 17 months due the nonstop pain. You state that you cannot sleep properly and the pain is wearing you down. You state that you told the doctor this but she continues to order the same types of treatments (i.e. steroids, anti-inflammatory, heating packs, muscle relaxers), which you claim is not helping and you have informed the doctor of this. You state the new anti-inflammatory she prescribed on 5/23/16 is not working either, as a matter of fact the pain is getting worse. You claim that the sick call process is not going to work if you continue to get inadequate treatment. You want to see someone who is qualified to properly asses and treat your pain and sciatic nerve problems.

Informal Summary: RN Shipp states, you saw Dr. Landauer on 5/23/16. She did prescribe a different anti-inflammatory but only 2-3 days, from the time you saw Dr. Landauer and when you wrote this complaint, is not enough time to determine if the medication works.

Investigation: Per RN Shipp, before an outside appointment can be approved and scheduled, the doctor needs to try different treatments and approaches. You have been seen, evaluated and treated in accordance with policy. There has been no evidence found to support your allegations that Dr. Landauer is indifferent to your medical needs.

Procedure: This matter is governed by Operating Procedure 720.1.

Based on the information above your Grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent	<i>Landauer</i>	Date	<i>6/21/16</i>
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I wish to appeal the Level I response because: *IT takes 2-3 days at least to get New prescribed medication then medical ~~now~~ expects us to try it for 30 days before they will change to something different or just give us the surround. If I do that then I can't griev the issue because I only have 30 days to griev an issue. Today is 6-21-16 and I have been in pain 19 days longer than when I filed the informal complaint I have been hurting 24hrs a day 7days a week Since 11-29-14 how patient does medical expect me to be and how long does a person have to hurt before they get actual medical treatment??*

Offender Signature	<i>Terry Riggleman</i>	Date	<i>6-21-16</i>
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RECEIVED

JUN 28 2016

OFFICE OF HEALTH SERVICES

RECEIVED
JUL 11 2016

Page 1 of 1

Rev. 05/31/2007

SA000474

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

Log Number:

AC16 Rego 34

Riggleman	Terry	1000538	N-4	30
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) Dr. Landauer is being deliberately indifferent and committing gross negligence towards my chronic leg/back pain. I have been going to medical relentlessly for 17 months now for non stop pain. I can't sleep properly and I'm worn down from pain. I've told the Dr. this but the Dr. keeps ordering the same types of treatment (I.E. steroids, Anti-inflammatory, sitre heat packs, muscle relaxers). None of this stuff is helping and I have informed the Dr. of that. The New anti-inflammatory she prescribed on 5-23-16 is not helping either as a matter of fact ~~the~~ the pain is getting worse. The sick call process will not work if I keep getting prescribed the same types of treatment that has proven ineffective for 17 months. This is a violation of the 8th amendment!!

What action do you want taken? I want to see someone who is qualified to properly assess and treat my pain and sciatic nerve problem. Obviously if 17 months of treatment from the current physician has only made the problem worse then she is not qualified.

Grievant's Signature: Terry Riggleman Date: 6-5-16

Warden/Superintendent's Office:

RECEIVED

Date Received:

JUN 28 2016

RECEIVED

JUL 11 2016

GRIEVANCE OFFICE

RECEIVED

JUN - 6 2016

GRIEVANCE OFFICE

**Informal Complaint****RECEIVED**

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name	1000538	N-4-30
	Offender Number	Housing Assignment
<input type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Treatment Program Supervisor
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input checked="" type="checkbox"/> Medical Administrator	<input type="checkbox"/> Other (Please Specify): _____	

Briefly explain the nature of your complaint (be specific): I have been going to medical for a Sciatic Nerve issue for 17 months now. My complaint is medical is being deliberately indifferent and gross negligent towards my by continually giving me the same course of treatment over and over even though it has proved to be ineffective. (I.E. Steroids, Anti-Inflammatory, Stretch, heat packs, muscle-relaxers). Either Dr. Landauer is not qualified to properly treat my particular ailment or she is purposely subjecting me to cruel and unusual punishment. I saw Dr. Landauer on 5-23-16 and it was the same old try this Anti-Inflammatory, stretch etc.

Offender Signature Terry Riggeman Date 5-25-16

Offenders - Do Not Write Below This Line

Date Received: 5-26-16 Tracking # Acc16Inf-02144

Response Due: 6-5-16 Assigned to: Medical

Action Taken/Response:

You saw Dr. Landauer 5/23/16. She did prescribe a different ~~anti~~ anti-inflammatory but 2-3 days from when you saw her is when you wrote this is not enough time to determine if the medication works.

EShippenEShippen RA6/2/16

Respondent Signature

Printed Name and Title

RECEIVED

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

RECEIVEDDate: 6/2/16Staff Witness Signature: JUN 28 2016

Date: _____

Revision Date: 4/9/13

OFFICE OF HEALTH SERVICES

SA000476



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866-7

DOC Location: C00 Central Office,

Administration

Report generated by Ray, H C

Report run on 04/20/2016 at 8:53 AM

Offender Name	DOC#	Location		Grievance Number
Riggleman, Terry A	1000538	Current	Augusta Correctional Center	ACC-16-REG-00172
Housing		Filed	Augusta Correctional Center	
N-4-30-T				

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

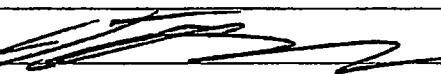
LEVEL II HEALTH SERVICES DIRECTOR:

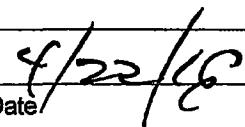
Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are not receiving proper medical treatment because the doctor lied as it does not take 33 days for the pain medication to work.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. There is no evidence provided to conclude that the actions of the physician were improper in prescribing you the medical treatment. This issue is governed by **restricted policy**.

If you have any further issues, please resubmit a sick call request for further evaluation of your medication and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.


Regional Director, Health Services Director, or Chief of Operations for Offender Management Services


Date

RECEIVED

APR 28 2016

GRIEVANCE OFFICE

Offender Grievance Response - Level II

Report run on 04/20/2016 at 8:53 AM

Rev. 05/31/2007



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 04/13/2016 at 1:26 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00172
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that Dr. Moreno lied about your treatment as it doesn't take 33 days for any of the prescribed pain medications to work. You want proper medical treatment not just a half hearted run around approach.

Informal Summary: Ms. Shipp, RN states it does take time for effective blood levels of a medication to be achieved and be effective to reduce pain or other symptoms.

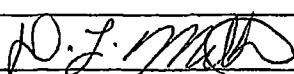
Investigation: According to Ms. Shipp, RN medicine is not a perfect science. It can be trial and error as not everyone's body reacts to medications the same. You are being seen and treated in accordance with protocol.

Procedure: This matter is governed by Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

	4/13/16
Warden/Superintendent	Date

I wish to appeal the Level I response because: Ms. Shipp is Not a Doctor or a Scientist much less a manufacturer of any of the medications I have been given. Show me Scientific proof it takes up to 30 days for any of the Specific pain medications I have been prescribed to work. If the Dr. doesn't know the specifics of the medication he is prescribing then why is he prescribing them. That seems a little like experimental treatment to me. This is clear deliberate indifference and Gross negligence.

Offender Signature 	Date 4-13-16
--	--------------

RECEIVED
APR 28 2016
GRIEVANCE OFFICE

RECEIVED
APR 19 2016
OFFICE OF HEALTH SERVICES



REGULAR GRIEVANCE

Log Number: AC16 Reg 00172

Riggleman	Terry	1000538	N-4	30
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) My complaint is Dr. Moreno lied to me about treatment. It doesn't take 33 days for any of the prescribed pain medicines to work. As you can see I received this Informal complaint today 3-14-16 and if a proper investigation is done any half literate person can see there is a plethora of things wrong with the Informal complaint. Medical can't answer it properly because they know that they are in the wrong. Why would pain medication help 33 days later?? This doesn't even make sense. This Informal complaint is clear deliberate indifference and Gross Neglegance. Check dates on Informal Complaint during investigation!

What action do you want taken? I want proper medical treatment Not Just a half-hearted run around approach. The Dr. Should be required to answer any complaints on him/her Not a third party.

Grievant's Signature: Terry Riggleman RECEIVED Date: 3-14-16

Warden/Superintendent's Office:

Date Received:

APR 28 2016
RECEIVED
GRIEVANCE OFFICE

APR 13 2016

VIRGINIA DEPARTMENT OF
CORRECTIONS
Informal Complaint

RECECTIONS

RECEIVED

Effective Date: July 1, 2013

Operating Procedure 866.1 Attachment 2

FED 12 2016

MEDICAL

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggleman

1000538

C-1-14 1/4.30

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific): my complaint is Dr. moreno lied to me about treatment. on 1-5-16 I saw a doctor regarding a bulging disc that is pressing on a nerve. This issue has been ongoing for over a year now. The dr. prescribed me 3 medications to try them for 3 days and he would call me back to see how they were working and that he had one other medication he could try. I ran out the prescribed medication on 1-9-16 as I submitted by attached grievance I had to file to get medication. I saw Dr. moreno on 2-9-16 and informed him the medication was not working. He was hostile with me and argued that it had not been 3 days when I reminded him of this previously he made on 1/5/16. By the American dating system from 1-5-16 to 2-9-16 is 33 days. So either the dr can't count or he is just incompetent when it comes to providing adequate medical care. Besides it doesn't take 30 days to determine if a medicine is going to help pain or not!!

Offender Signature Terry RigglemanDate 2-10-16

Offenders - Do Not Write Below This Line

Date Received: 2-11-16Tracking # Acc16Inf-00653Response Due: 2-21-16Assigned to: Medical

Action Taken/Response:

It does take time for effective blood levels of a medication to be achieved and be effective to reduce pain or other symptoms

RECEIVED

APR 19 2016

OFFICE OF HEALTH SERVICES

E Shipp RNE Shipp RN3/8/16

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT: RECEIVED

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

GRIEVANCE OFFICE Date: _____

Staff Witness Signature: _____

Date: _____

Revision Date: 4/9/13

SA000561

VIRGINIA DEPARTMENT OF CORRECTIONS
Emergency GrievanceRevised 7/17/15; Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 3

Emergency Grievance Log # 002090

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Riggleman
Offender Last NameTerry
First1000538
NumberAcc
FacilityC-1-19
Building/Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? *I Am in pain!! I was prescribed Naproxen, Zanaflex and Zanuvil on 1-5-16 for back pain. Was given Zanaflex & Zanuvil on 1-8-16 and Total Naproxen was here but I would be called over to pick it up for Self-med. On 1-9-16 was told Zanuvil had to be re-ordered because it wasn't here, funny it was here for today on 1-8-16. Today is 1-10-16 and I still haven't been given Naproxen!! I'm in pain!!*

1-10-16 11:37 AM
Date/TimeTerry Riggleman 1000538
Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

 Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

Submit Informal Complaint Evaluated by Medical: Date Seen _____
 Submit Sick Call Request Send an Offender Request To: _____
 Submit Request to Dental Other (Provide detailed explanation below)

Called offender over, pharmacy issued Naproxen. Zanuvil issued by pharmacist as well.

Your grievance has been determined to be an emergency and the following action has been taken:
 Sent to Hospital: Date Transported _____ Other (Provide detailed explanation below)

7/10/16 @ 1248 PM *Abigail M. for Philadelphia*
Date/Time Respondent Signature Name/Title Printed

PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified
 Alleged sexual abuse or sexual harassment Will be referred for Investigation

Determination by:

Signature

Name/Title Printed

Date/Time

RECEIVED RECEIVED

APR 19 2016

APR 28 2016

OFFICE OF HEALTH SERVICES

GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/16/2016 at 1:06 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00087
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are being charged co-pay for medication which is not working.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Be advised that there is a \$2 co-pay charge for each new or renewed non-exempt prescription order from the physician. This issue is governed by OP 720.4.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

	3.18.16
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date

RECEIVED
3/18/2016
COURT CLERK'S OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 03/08/2016 at 10:45 AM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00087
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state you don't have copies of your trust statements from a year ago. You have been prescribed these medications over the past year and it is in your file. Dr. Moreno knew you had previously taken Naproxen and Zanaflex before he prescribed them again and he knew that they didn't help your condition. You state that he wanted to experiment with a three medication combination so you want to know why you are being charged for the experimental treatment. If you refuse you are non-compliant. You want medical to stop charging you a Co-pay for medication that you are being forced to take even though it has proven not to work in the past.

Informal Summary: Nurse Campbell states please submit a copy of your trust receipt for review.

Investigation: According to Ms. Shipp, RN per Operating Procedure 720.4 there is a \$2.00 Co-pay Charge for new medications or renewals. You accepted the medicine therefore you were charged the \$2.00 Co-pay for it. You are being charged in accordance with Operating Procedure 720.4.

Procedure: This matter is governed by Operating Procedure 720.4.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent	Date
<i>JAN WOOD</i>	3/8/16
I wish to appeal the Level I response because: <i>IF I refuse medication I am consider as refusing treatment. IF I explain to the Dr. That I Am or Already have taken the medication for the same issue he/she just re-prescribes it again. The issue is NOT that am being charged for medication. The ISSUE is that I'm being charged over and over for the same medication's that didn't work the first time they were prescribed. Medical staff cannot confirm my question when I ask if any of the prescribed medications have been scientifically proven to repair a lateral disc bulge. The medication doesn't work any time they prescribe it. This is deliberate indifference!!</i>	
Offender Signature <i>Terry Riggleman</i>	Date 3-9-16

RECEIVED

RECEIVED

MAR 15 2016

11-1-16
GRIEVANCE OFFICE

OFFICE OF HEALTH SERVICES

Page 1 of 1

Rev. 05/31/2007

SA000588

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

Log Number: ACC16/Reg0087

Riggelman	Terry	1000538	C-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I don't have copies of my trust statement from a year ago. I have been prescribed these medications over the past year and it is in my file. All the Nurse has to do is get on the computer the same way the Dr does when they see you. Dr. Moreno knew I had previously taken Naproxen and Zanaflex before he prescribed them again and he knew they didn't help my condition. He wanted to experiment with a three medication combination. Why am I being charged Co/Pay for experimental treatment?? If I refuse I'm in Non-Compliance.

What action do you want taken? I want to Stop being charged Co/Pay for medication that I am being forced to take even though it has proven not to work in the past!!

Grievant's Signature: Terry Riggelman

RECEIVED

Date:

1-12-16

Warden/Superintendent's Office:

RECEIVED

Date Received:

MAR 15 2016

FEB 12 2016

JAN 19 2016

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

JAN 08 2016

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggeman

1000538

C-1-19

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific): I am being charged Copay to take medicine again that I have previously taken that didn't work. I saw Dr. Moreno on 1-5-16 regarding an L3/L4 left posterior lateral disc bulge that isffecting the exiting L3 nerve root and causing me constant chronic Sciatic Nerve pain since 11-29-14. Dr. Moreno prescribed me Naracap, proxen and Zanaflex. I informed Dr. Moreno that I have previously taken Naproxen and Zanaflex and neither did anything to help my condition. He said for me to take them for a month and if they don't help he had another medication he could try me on. My complaint is I'm being charged Copay for the same medications over and over that I already know don't work. If Dr. Moreno is to experiment on medical combinations with me why am I being charged for them when they didn't work the first time.

Offender Signature Terry Riggeman Date 1-6-16

Offenders - Do Not Write Below This Line

Date Received: 1/7/16Tracking # ACC165INFO001Response Due: 1/17/16Assigned to: Medical

Action Taken/Response:

Please submit a copy of your trust receipt for review.

J. Campbell

Respondent Signature

L. Campbell

Printed Name and Title

RECEIVED

1/8/15

WITHDRAWAL OF INFORMAL COMPLAINT:

GRIEVANCE OFFICE

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: RECEIVED Date: JAN 12 2016Staff Witness Signature: MAR 15 2016 Date: FEB 12 2016



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/17/2016 at 8:35 AM

Offender Name	DOC#	Location		Grievance Number
Riggleman, Terry A	1000538	Current	Augusta Correctional Center	ACC-16-REG-00044
Housing		Filed	Augusta Correctional Center	
N-4-30-T				

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

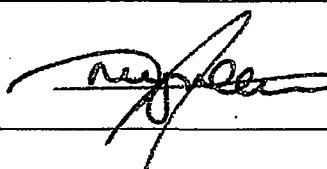
LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are being forced to take pain medications which may harm your liver, and have proven to be ineffective in relieving your nerve pain.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. The ACC physician will determine the appropriate pain medication that is appropriate for you, given your chronic care condition. However, you were advised that you may choose not to take the medication prescribed by the physician. This issue is governed by **restricted policy**.

If you have any further issues, please resubmit a sick call request for further evaluation of your prescription medications and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

	3.18.16
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date

RECEIVED
3/18/2016
GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 03/03/2016 at 1:45 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00044
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that if you refuse to take medications that have already proven not to work and are harmful to your live then you will be non-compliance. Medical even admits this so you want to know why you are being prescribed medication that is harmful and doesn't work. You claim this is a clear attempt to either harm you or get your to refuse medication so medical won't have to treat you.

Informal Summary: RN Campbell states you do not have to take medication if you feel it is harming you. The medical doctors here are aware of your conditions and came up with the best possible treatment plan. If the medication is not working for out or your are worried, please address it in your next visit. You can turn your card back in, but it will be in non-compliance.

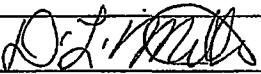
Investigation: According to medical the doctor's try different medications depending on the situation. If you have questions concerning your medications you are encouraged to address your concerns during your visit with the doctor. If you don't want the medication you do not have to accept it. You are being followed and treated in accordance protocol.

Procedure: Operating Procedure 720.5 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

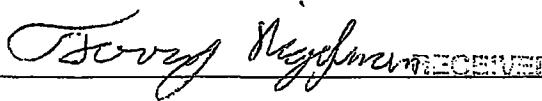
If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

	3/4/16
Warden/Superintendent	Date

I wish to appeal the Level I response because: I have addressed this concern with Dr. Monroe and his only concern is giving me the run around. He claims none of the medications are hard on my liver but he won't put it in writing so I have documented proof. He wants me to refuse medication so he won't be liable to treat me at all but I'm NOT going to ever do that. This is clear deliberate indifference and Gross Negligence to prescribe medication that doesn't help my back and harms my liver.

Offender Signature



RECEIVED

MAR 16 2016

OFFICE OF HEALTH SERVICES
CORRECTIONAL CENTER

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

Log Number:

ACCLEReg000441

Riggelman	Terry	1000538	C-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

As you can see by the response to the attached informal complaint if I refuse to take medication that has already proven not to work and is harmful to my liver I will be in non-compliance. Even medical admits this. So why am I being re-prescribed medication that is harmful and doesn't work?? This is a clear attempt to either harm me or get me to refuse medication so medical won't have to treat me at all. I informed Dr. Moreno that I had tried these medications in the past and they didn't work and that I have hepatitis and shouldn't take useless medication because it's harmful !!

What action do you want taken? I want proper treatment that is effective towards fixing my L3/L4 lateral disc bulge that is contacting the L3 nerve root !!

RECEIVED

MAR 16 2016

RECEIVED

OFFICE OF HEALTH SERVICES

Grievant's Signature: Terry Riggelman

Date: 1-12-16

GRIEVANCE OFFICE

Warden/Superintendent's Office:

Date Received:

JAN 19 2016

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

JAN 08 2016

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

Informal Complaint

MEDICAL

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggeman

1000538

C-1-19

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific): I have hep C and medications are bad for my liver. On 1-5-16 I saw Moreno regarding L3/L4 disc bulge that is contacting a nerve and causing me chronic sciatic pain since 11/29/14. Dr. Moreno prescribed me Noratriptiline, Naproxen and Zanaflex. I informed Dr. Moreno that I had hep C and I didn't like to take medication unless because it's not good for hep C patients. He insisted that I take the prescribed medication even though I have previously taken Naproxen and Zanaflex before and neither helped my nerve pain. If I refuse I am refusing treatment b: I take these medications and they do harm to my liver then what. My Complaint is I'm being forced to take medication that may harm my liver even though the medication has proven not to work.

Offender Signature Terry Riggeman Date 1-6-16

Offenders - Do Not Write Below This Line

Date Received: 1/7/16Tracking # ACCE16INFO0104Response Due: 1/17/16Assigned to: Medical

Action Taken/Response:

You do not have to take medication if you feel it is harming you. The medical doctors here are aware of your conditions & come up with the best possible treatment plan. If the medication is not working for you or you are worried, please address it in your next visit. You can turn your card back in, but it will be in non-compliance.

RECEIVED

J. Campbell
Respondent SignatureL. Campbell RN MAR 16 2016 118/15
Printed Name and Title OFFICE OF HEALTH SERVICES Date 11/15/2016

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

SA000605

VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request 801_F3_7-12

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

JAN 07 2016
Offender Request

MEDICAL

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Riggleman	Terry	A	1000538	C-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
Houselman	Taylor			1-6-16

TO: Unit Manager Medical Personal Property Law Library
 Treatment Mental Health Education Enterprise Shop Security
 Chaplain Assistant Warden Warden Other Accounting

CHECK PURPOSE Appointment Request Question/Statement

1-5-16 I saw Dr Moreno regarding a L3/L4 left posterior lateral disc bulge that is contacting the exiting left L3 nerve root and has been using me constant chronic sciatic nerve pain since 11-29-14. (MRI on file) Dr Moreno prescribed me 3 medications: Norutriptilin, Proxen and Zanaflex. I have previously taken Naproxen and Zanaflex and neither helped my condition. My question to you is in your expert medical opinion is there any scientific evidence that any of these three prescribed medications has been known to heal a lateral disc bulge??

Thank you

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: _____ Date: _____

In order to better address your question + provide you the care you need, if the medication is not working please submit a sick call request so we can get you back in to see MD

RECEIVED

RECEIVED

RECEIVED

MAR 16 2016

JAN 19 2016

Offender seen Yes No

GRIEVANCE OFFICE OF HEALTH SERVICES GRIEVANCE

J. Campbell DCA

Official Responding

11816

Date of Response



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/17/2016 at 10:17 AM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00046
Housing		Filed Augusta Correctional Center	
N-4-30-T			

**LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER
MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)**

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are having chronic pain from a lateral disc bulge which is contacting the L-3 nerve ending.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Be advised that this is a repetitive issue. Please note the level **II** grievance response #00012. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

	3-18-16
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date

RECEIVED
3-18-16
GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 03/03/2016 at 2:26 PM

Offender Name	DOC#	Location		Grievance Number
Riggleman, Terry A	10000538	Current	Augusta Correctional Center	ACC-16-REG-00046
Housing		Filed	Augusta Correctional Center	
N-4-30-T				

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that your last complaints were answered in a timely manner but it still doesn't address the fact that all of the previous ones were not. You state that it is sad that you have to push all of this paperwork just to get help for a documented medical condition.

Informal Summary: RN Campbell states I have 4 informal complaints receive as of today. They are all being returned to you answered.

Investigation: According to medical all of your paperwork has been responded to and returned to you. The doctor will determine the best treatment possible for you in accordance with protocol. The physician has protocols that must be follow for any and all treatment. Dr. Moreno will determine the medication/treatment necessary to get your pain under control.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

3/4/16

Warden/Superintendent

Date

I wish to appeal the Level I response because: *As you can see by the last Attached page some paperwork is not even being answered. This level one response has a date of 3/4/16 on it but I didn't receive it until tonight 3/6/16 so how come it takes 2 days to get to me cutting into any 5 day deadline?? This is clear deliberate indifference and a stall tactic.*

RECEIVED

MAR 16 2016

Offender Signature

OFFICE OF HEALTH SERVICES

Date 3-6-16

GRIEVANCE OFFICE



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

Log Number: ACC16 Reg 00044

Riggleman	Terry	1000538	C-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I agree that the last informal Complaints were answered in a timely manner but it still doesn't address the fact that all of the previous ones were not. It's sad that I have to push all of this paperwork just to get help for a documented medical condition. Even though the request forms and Informal Complaints are being answered most of them are evasive Answers or Vague Responses. As you can see by the Attached Request forms some questions are not being answered at all!! One of the Attached Request forms was sent back NOT Answered at all!!

What action do you want taken? I want my L3/L4 lateral disc bulge that is contacting the L3 Nerve ending to be fixed. I'm in pain!!

RECEIVED

MAR 16 2016

OFFICE OF HEALTH SERVICES

Grievant's Signature: Terry Riggleman

RECEIVED Date: 1-12-16

Warden/Superintendent's Office: _____

Date Received: _____

GRIEVANCE OFFICE

JAN 19 2016

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

Effective Date: July 1, 2013

JAN 08 2016 Operating Procedure 866.1 Attachment 2

JAN 08 2016

MEDICAL
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Rigglenan

1000538

C-1-14

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific): There is a delay by medical staff in Answering Request for Informal complaints. On 12-17-15 I sent several request forms and 3 Informal Complaints to medical about chronic pain, I have been in since 11-29-14 from an L3/L4 lateral dislodge contacting the exiting L3/4 nerve root. Ms. Landrum, HSA, called me over to medical to discuss why I was filling out paperwork and we discussed my situation and I informed her that the only avenue I have to access the court in this matter is to first exhaust my internal remedies. After that I have answered one Informal Complaint on 12-29-15 and I received one tonight 1-6-16 conveniently dated for 1-4-16 when the deadline was 1-3-16. I see like my Right to Access the Court in this matter is being deliberately held up. None of these request forms have been answered.

Offender Signature Terry RigglenanDate 1-6-16

Offenders - Do Not Write Below This Line

Date Received: 1/7/16Tracking # ACC16-INT00105Response Due: 1/12/16Assigned to: Medical

Action Taken/Response:

I have 4 informal complaints received as of today.
 They are all being returned to you answered.

RECEIVED

MAR 16 2016

OFFICE OF HEALTH SERVICES

Respondent Signature J. CampbellPrinted Name and Title L. CampbellDate 1/8/15WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: JAN 19 2016

Staff Witness Signature: _____ Date: _____

PLAINTIFF'S EXHIBIT 5

Was told in Emergency Griev to contact MD. per seq 7/11.



VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request 801_F3_7-12

SECT 7 B 2015

Offender Request MEDICAL

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Riggleman	Terry	A	1000538	C-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
Houseman	Taylor		12-17-15	

TO: Unit Manager Medical Landaur Personal Property Law Library
 Treatment Mental Health Education Enterprise Shop Security
 Chaplain Assistant Warden Warden Other Accounting

CHECK PURPOSE Appointment Request Question/Statement

I saw you on 12-10-15 about my chronic sciatic pain. You prescribed me analgesic balm and 300mg of Neurontin twice daily. I was charged \$4.00 med-co-pay for both of these medications. I was informed today in an Emergency Grievance that I filed that the Doc did not approve the Neurontin. If this is the case then you need to put me in to see a Back Specialist because I am in severe pain. I can't sleep and you know by my MRI done on 11-30-15 that in my L3/L4 I have left posterior lateral disc bulge which is contacting the exiting left L3 nerve root. We know this also because I have been in severe pain for over a year now so if the Doc doesn't want to give me medicine that may help I'm totally fine with that because what I really need is to get the disc off of the nerve!!

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: _____ Date: _____

You are scheduled to see the doctor

RECEIVED

MAR 16 2016

RECEIVED
OFFICE OF HEALTH SERVICES

Offender seen Yes No

(Andrum)SA

Official Responding

RECEIVED JAN 19 2016

9/4/15

Date of Response

PLAINTIFFS EXHIBIT 5

VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED

Offender Request 801_F3_7-12

Offender Request

DEC 18 2015

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Riggleman	Terry	A	1000538	C-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
Houseman	Taylor			12-17-15

TO: Unit Manager Medical Personal Property Law Library Security
 Treatment Mental Health Education Enterprise Shop Accounting
 Chaplain Assistant Warden Warden Other DR. LANDAUER

CHECK PURPOSE Appointment Request Question/Statement

have an ongoing Sciatic Nerve problem that escalated 11-29-14. I have been going to medical continuously since trying all kinds of pills, stretching, hot/cold packs etc. Finally 11-20-15 I was taken for an MRI. The MRI shows 2 mid-thoracic-based disc bulges and 1 left posterior disc bulge which may be contacting the exiting T1 & L3 nerve root. I am in serious pain and have been for over a year now. The pain radiates from the middle of my back all the way down my left leg and foot. Today I was given Analgesic balm and nothing else for this issue. The stated use for this medicine is "For temporary relief of minor aches and pain of muscle & joints". I don't have muscle pain or joint pain I have a disc that is touching a nerve!! The Analgesic Balm also states "If symptoms persist more than 7 days" consult a doctor" well my symptoms have accrued to 13 days non stop ~~not~~!! If I can't get medication to help then I need the problem fixed. This is my tempt to let you know that the sick call process isn't working and I am in 8th Amendment Violating PAIN!!

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: _____ Date: _____

RECEIVED

MAR 16 2016

OFFICE OF HEALTH SERVICES

E.O. 14176

JAN 19 2016

Offender seen Yes No

OFFICE OF HEALTH SERVICES

OCT 1 2016

Official Responding

Date of Response



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1 13D

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/18/2016 at 4:24 PM

Grievance Number: ACC-16-REG-00044

Next Action Date: 03/10/2016 12:00 AM

Continuance

Level	Due Date	Reason	By
1	03/10/2016	Awaiting information	Conner, Sandra D
2			
3			

On this date: 01/19/2016 I have received a statement from:

Riggleman, Terry A 1000538 of Augusta Correctional Center
(Offender Name and DOC#) C-1-19-T
(Filed Location and Housing)

Setting out the following complaint:

States he is being forced to take medications that may be harmful to his liver due to his Hep C - Naproxen and Zanaflex which do not help with his pain or he will be in non-compliance.

(Signature)

(Title)



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1.A.7

DO. location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 02/26/2016 at 2:50 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00045
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that your medications are being delayed and you did not receive your Naprosyn self-medication on 01/06/16.

Based on the information provided and upon further investigation, I disagree with the Level one response and determine your grievance **FOUNDED**. According to the informal response on 01/08/16, it is noted that your Naprosyn medication was ordered and "you will be called over when it arrives." This indicates that there was no resolution to your complaint at the informal level because you did not receive the medication. Therefore, your level II grievance is determined to be founded. This issue is governed by restricted policy.

It is noted on the level I response that your self-medication were issued on 01/06/16 and your Naprosyn prescription was issued to you as a self-medication on 01/10/16. ACC Medical will be reminded to develop a plan to ensure procedures are followed in accordance with policy. There is no further action needed. If you have any further issues, please submit a sick call request to the medical department at your facility.

In accordance with OP 866.1 governing the Inmate Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

	2-29-16
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date

Offender Grievance Response - Level II

Report run on 02/26/2016 at 2:50 PM

RECEIVED
MAR - 0 2016
GRIEVANCE OFFICE

Rev. 05/31/2007



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

86 -6

DOC Location: ACC Augusta Correctional Center

Report generated by Frady, J D

Report run on 02/19/2016 at 12:29 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00045
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that medications are not being handed out in a timely manner, as you had to write an emergency grievance just to obtain your medication. You want medications to be handed out when it comes in not days or even weeks later. You state that it shouldn't take an emergency grievance to receive medications that have already been prescribed.

Informal Summary: RN: Shipp states that your Naproxen, ordered by Dr. Moreno, was a new order, as your old one had expired several months before. The medication had to be ordered and it takes a day or two to get it in. You will be called over when it arrives.

Investigation: Per medical, Your medication orders were written on 1/6/16 and you medications Elavin and Zanaflex were administered in pill line starting on 1/8/16. Your Naproxen was given to you as a self-med on 1/10/16 by the self-med nurse.

Procedure: This matter is governed by a Restricted Operating Procedure.

Based on the above information your grievance is deemed UNFOUNDED

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent	Date 2/22/16
-----------------------	--------------

I wish to appeal the Level I response because: per the response to the informed summary RN Shipp says it takes a day or two to get meds and I would be called over when they came in. It took five days to receive my Naproxen as I saw the dr. on 1-5-16 and furthermore I wasn't called over when it came in I had to file an emergency grievance to be called over to pick it up. This is not the first time I've had problems receiving medication in a timely manner and I'm not the only one having this problem

Offender Signature Terry Riggleman	Date 2-22-16
------------------------------------	--------------

RECEIVED

FEB 25 2016

OFFICE OF HEALTH SERVICES

RECEIVED

MAR - 3 2016

GRIEVANCE OFFICE



REGULAR GRIEVANCE

Log Number: Acc 16 Reg 00045

Riggleman	Terry	1000538	C-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) As you can see by the Attached Emergency

Grievance medication is not being handed out in a timely manner.
As I had to put in an Emergency Grievance just to obtain my
medication. Furthermore the response to my informal complaint regarding
the Dr. questioning me as to "why there was a time delay" in me
being prescribed medication and it actually being received by me
was not addressed. It seems all responses to any Request forms
or informal complaints are just vague run-around statements.

What action do you want taken? I want medication to be handed out when it comes
in not days or even sometimes weeks later. It shouldn't take
emergency grievances to receive medication that has already been
prescribed.

Grievant's Signature: Terry Riggleman Date: 1-12-16

Warden/Superintendent's Office

RECEIVED

RECEIVED

Date Received:

FEB 25 2016

MAR - 3 2016

JAN 19 2016

OFFICE OF HEALTH SERVICES GRIEVANCE OFFICE

1 of 2

Revision Date: 1/14/13

SA000651



RECEIVED

JAN 08 2016

Effective Date: July 1, 2013
Filing Procedure 866.1 Attachment 2

RECEIVED

MEDICAL
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggeman

1000538

C-1-19

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific): prescribed medications are not being handed out in a timely manner and the Dr. is looking at me like it's my fault there is a lapse in time between the prescribing of medication and me picking it up. Dr. Moreno Asks me at my visit on 1-5-16 why he was previously prescribed Naproxen it took me over a month to pick it up. My Complaint is the delay in giving us our prescribed medication is straining the Dr. / patient consultations and hindering access to timely and proper future treatment.

Offender Signature

Terry Riggeman

Date 1-6-16

Offenders - Do Not Write Below This Line

Date Received: 1/7/16

Tracking # Acc16mtf00103

Response Due: 1/17/16

Assigned to: Medical

Action Taken/Response:

Your naproxen order by Dr Moreno was a new order as your old one had expired several months before. The medication had to be ordered. It takes a day or two to get it in. You will be called over when it arrives.

RECEIVED

MAR - 8 2013

J. Campbell
Respondent SignatureL. Campbell
Printed Name and TitleGRIEVANCE OFFICE
Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

FEB 25 2013

Date:

OFFICE OF HEALTH SERVICES

Revision Date: 4/9/13

SA000652



Emergency Grievance Log # 002090

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Riggleman Terry 1000538 Acc C-1-19
Offender Last Name First Number Facility Building/Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? I Am in PAIN!! I was prescribed Naproxen, Zanaflex and elavil on 1-5-16 for back pain. Was given Zanaflex & elavil on 1-8-16 and told Naproxen was here but I would be called over to pick it up for Self-med on 1-9-16 was told elavil had to be re-ordered because it wasn't here. Funny it was here for 1 day on 1-8-16. Today is 1-10-16 and I still haven't been given Naproxen!! I'm in pain!!

1-10-16 11:27 AM Terry Riggleman 1000538
Date/Time Offender Signature and Number

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

Submit Informal Complaint Evaluated by Medical: Date Seen _____
 Submit Sick Call Request Send an Offender Request To: _____
 Submit Request to Dental Other (Provide detailed explanation below)

Called offender over, pharmacy issued Naproxen. Elavil issue resolved by pharmacy as well.

Your grievance has been determined to be an emergency and the following action has been taken:
 Sent to Hospital: Date Transported _____ Other (Provide detailed explanation below)

RECEIVED

JAN 19 2016

FEB 25 2016

1/10/16 @ 1248 pm OFFICE OF HEALTH SERVICES
Date/Time Respondent Signature Name/Title Printed

PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or
Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment Will be referred for Investigation

Determination by: _____
Signature _____ Name/Title Printed _____ Date/Time _____

Distribution: Original Grievance returned to Offender _____ Copy forwarded to Inmate _____

RECEIVED

MAR 08 2016

GRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

COPY

866 7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 02/22/2016 at 2:41 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00030
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that Analgesic balm was prescribed for your sciatic nerve pain for 30 days, which was more than 7 days.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. The ACC physician is responsible for your medical care and will determine the course of your back treatment. This includes prescribing you medication for a specified time frame. It is documented in your medical record that you were seen by the physician for your back pain in December and January 2016. Be advised that you should have unimpeded access to the ACC medical department if you have concerns regarding your medical treatment. This issue is governed by **restricted policy**.

If you have any further issues, please resubmit a sick call request for further evaluation of your nerve pain and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

	2-24-16
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date

RECEIVED

MAR 03 2016

GRIEVANCE OFFICE

Rev. 05/31/2007

Offender Grievance Response - Level II

Report run on 02/22/2016 at 2:41 PM

SA000654



VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, SD

Report run on 02/09/2016 at 2:55 PM

Offender Grievance Response - Level I

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00030
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)
Grievance Summary: You state that you were issued Analgesic balm on 12-18-15 for L3/L4 left posterior lateral disc bulge which is contacting the exiting L3 nerve root. The disc bulge is causing sciatic nerve pain and has been for over a year now. The Analgesic balm is for temporary relief of minor aches and pain of muscles and joints however you have nerve pain. You were instructed to use the medication twice daily for 30 days. The warning on the medication says not to use more than 7 days. This is not proper prescribing of medication or proper medical treatment. You are in pain and you want the L3/L4 disc evaluated and repaired by a qualified physician.

Informal Summary: Ms. Landrum states you have been scheduled to see the doctor for a follow-up.

Investigation: According to medical if the attending physician feels that you may need further testing or an outside evaluation you will be referred. You are being treated in accordance with protocol. If you feel that your condition has worsened you need to submit a sick call to be re-evaluated.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed **UNFOUNDED**.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent	Date
-----------------------	------

I wish to appeal the Level I response because: *for some Ms. Landrum hasn't worked at this facility in several weeks and for two the informal summary and the investigation doesn't address the issue of being properly prescribed medication for a longer period than the manufacturer of the medication recommends. This is malpractice. I have been seen by the Dr. twice since filing the complaint. once on 1-5-16 and today 2-9-16, I'm still NOT getting any help for my documented injury!! Simply Applying the same answer to the Grievance as the informal complaint is not an investigation!!*

Offender Signature	Date
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RECEIVED

RECEIVED

MAR 03 2016

FEB 16 2016

GRIEVANCE OFFICE

OFFICE OF HEALTH SERVICES

Page 1 of 1

Rev. 05/31/2007

SA000655

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

Log Number AC16Reg00030

R. Riggeman	Terry	1000538	C-1	197
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) On 12-18-15 I was issued Analgesic balm for an L3/L4 left posterior/lateral disc bulge which is contacting the exiting L3 Nerve root (mrt in file)
The disc bulge is causing Sciatic Nerve pain and has been for over a year now.
The problem is the tube of Analgesic balm says This For use is "For temporary relief of minor aches and pain of muscles and joints. I have Nerve pain Not muscle and Joint pain and I wouldn't consider over a year of constant chronic pain minor. Plus I was instructed to use the medication twice daily for 30 days. The warning on the medication says Not to use more than 7 days. This is not proper prescribing of medication or proper medical treatment. I am in pain. The Informal Complaint was not answered in the allotted time so I am attaching receipt.

What action do you want taken? I want the L3/L4 left posterior lateral disc and any other bad discs in my back to be evaluated and repaired by a qualified physician.

RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

Grievant's Signature: Terry Riggeman

Date: 1-6-16

Warden/Superintendent's Office: _____

Date Received: _____

JAN 11 2016

RECEIVED

FEB 16 2016 MAR 03 2016

JAN - 7 2016 GRIEVANCE OFFICE



RECEIVED

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

DEC 2 2015

Informal Complaint **MEDICAL**

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggeman

Offender Name

1000536C-1-19

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific):

12-17-15 I was issued Analgesic Balm for An L3/L4; Left posterior lateral disc bulge which may be contacting the exiting left L3 nerve root. This disc bulge is causing Sciatic Nerve pain from the middle of my back all the way down my left leg and foot. The medicine I was issued as the following statement for uses: "For temporary relief of minor aches and pains of muscles and joints". I have nerve pain not muscle or joint pain. I am not being treated properly and I am being prescribed medication in an experimental fashion. I need help I Am in pain!!

Offender Signature

Terry RiggemanDate 12-17-15

Offenders - Do Not Write Below This Line

Date Received: 12/21/15Tracking # ACC15INTO5937Response Due: 12/31/15Assigned to: Medical

Action Taken/Response:

You have been scheduled to see the doctor
for a follow up.

RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

MS. Landrum, HSA

Respondent Signature

MS. Landrum, HSA

Printed Name and Title

1/4/16

Date

RECEIVED

WITHDRAWAL OF INFORMAL COMPLAINT:

MAR 03 2016

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue in this office.

Offender Signature: _____ Date: _____

JAN 11 2016

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000657



VIRGINIA DEPARTMENT OF CORRECTIONS
Offender Grievance Response - Level II

866.1 A-7
DO Location: C00 Central Office,
Administration
Report generated by Ray, H C
Report run on 02/18/2016 at 1:07 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00011
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint you have not received your Neurontin and Analgesic balm medications which were prescribed to you on 12/10/15.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. As you were advised, it is reported that you received the Analgesic balm during the informal process of your complaint on 12/18/15. It is further reported that you refused the prescribed Neurontin. This issue is governed by **restricted policy**.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

	2.19.16
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

86 -6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/09/2016 at 2:59 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00011
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you were prescribed medication on 12-10-15 and it took eight days, an informal and emergency grievance just to obtain something as simple as analgesic balm. This is in no way considered humane or a safe medical practice. This type of delay in medication is unexcusable. You want any and all medical services to be done in a reasonable timely manner including distributing medication as well as administering proper medical care.

Informal Summary: Ms. Landrum states you received your balm KOP on 12-18-15. The Gabepentin 300mg was denied and sent back to the physician for review.

Investigation: According to Ms. Campbell this matter has been addressed however the medical department has no control over the delivery of medication. As soon as medications are received and inventoried they are issued.

Procedure: This matter is governed by a restricted Operating Procedure.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent <i>JACW</i>	Date <i>2/9/16</i>
<p>I wish to appeal the Level I response because: <i>If medical has no control over the delivery of medication Then who does?? If medications are issued as soon as they are received and inventoried Then why did it take the attached emergency grievance to get mine?? I know for a fact I'm not the only one at A.C.C. who is having problems getting medication once it has been prescribed. I've had an issue since this one and that is in the "paperwork" process also!! Besides Ms. Landrum has been gone from A.C.C. for several weeks now!!</i></p>	

Offender Signature <i>Terry Riggleman</i>	Date <i>2-9-16</i>
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RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

RECEIVED

FEB -1 2013

GRIEVANCE OFFICE

Page 1 of 1

Rev. 05/31/2007

SA000664

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE

Log Number Acc16 Reg0011

Riggleman	Terry	1000538	(-1)	197
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I was prescribed medication on 12-10-15 and it took eight days, an informal complaint, and an emergency grievance just to obtain something as simple as analgesic balm. This in no way can be considered humane or safe medical practice. The attached copies of both the informal complaint and the emergency grievance shows the extent a person has to go through here while they have been in chronic pain due to a L3/L4 left posterior lateral disc bulge that is contacting the exiting left L3 nerve root since 11-29-14. (MRI in file) This type of delay in medication is inexcusable. Especially since we are given only the bare minimal treatment anyhow.

What action do you want taken? Medical needs to be made aware that they are dealing with live human beings and regardless if we are incarcerated or not all people should be treated with professional and compassionate medical care. Any and all medical services should be done in a reasonably timely manner including distributing medication as well as administering proper medical care!!

Grievant's Signature: Terry RigglemanDate: 1-6-16

RECEIVED

RECEIVED 1-6-16

Warden/Superintendent's Office

RECEIVED

Date Received: FEB 16 2016JAN - 7 - 2016
GRIEVANCE OFFICE

GRIEVANCE OFFICE

OFFICE OF HEALTH SERVICES

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

RECEIVED

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2MEDICAL
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Jerry Riggelman

1000538

C-1-19

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific): *Medical is incompetent to order medication!!*

I was prescribed Neurontin & Analgesic balm on 10-10-15 for chronic sciatic/back pain. I was charged med at \$14.00 on 12-11-15 for these medications. I still haven't received them and I am being told by the nurse at the pill window that there is no record on the computer of me being prescribed Neurontin. I have been in serious pain for over a year now and haven't been taken seriously. I finally got an MRI on 11-20-15 and it shows I have 3 lumbar disc bulges with one contacting exiting L3 Nerve root. This is in my file. Why can't medication be received in a timely manner here?? I'm in PAIN!!

Offender Signature *Jerry Riggelman*

Date 12-17-15

Offenders - Do Not Write Below This Line

Date Received: 12/21/15

Tracking # Acc15-Sub05938

Response Due: 12/31/15

Assigned to: *Medical*

Action Taken/Response:

*You Received your balm KOP on 12/18/15 the
Gabapentin 300mg was denied and sent back to the
physician to review.*

RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

ms. Landrum, HSA

ms. Landrum, HSA

12/29/15

Respondent Signature

Printed Name and Title

RECEIVED Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: JAN - 7 2016

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000666

A DEPARTMENT OF CORRECTIONS
GrievanceRef. 7/17/15; Effective Date: July 1, 2013
Op. 866.1 Attachment 3

Emergency Grievance

Log # 002021

are provided for offender reporting and expedited staff responses to allegations that an offender is subject to imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of personal injury or irreparable harm.

R. J. Riggelman
Offender Last NameTerry
First1000538
NumberA.L.C.
FacilityC-1-19
Building/Cell/Bed

PART A- OFFENDER CLAIM

What is the emergency? I was prescribed Neurontin and analgesic balm for chronic Sciatic/back pain on 12-10-15. I was charged med-co pay on 12-11-15 for both medications. I am being told by the Nurse at the pill window that there is no record of the Neurontin and I haven't been given the analgesic balm either. I had an MRI done on 11-30-15 and it shows I have 3 Lumbar Disc bulges and contacting L3 nerve root. I have been in severe pain for over a year now that incl daily. I need help!!

12-17-15 3:05 pm
Date/TimeTerry Riggelman
Offender Signature and Number 1000538

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

Your grievance does not meet the definition for an emergency. Action Taken/Recommended:

Submit Informal Complaint
 Submit Sick Call Request
 Submit Request to Dental

Evaluated by Medical: Date Seen
 Send an Offender Request to: _____
 Other (Provide detailed explanation below)

You will be called over for the analgesic balm, tonight. As for the Neurontin the DOC did not approve the order. Any further concerns need to be addressed on a Request for the MD.

Your grievance has been determined to be an emergency and the following action has been taken:
 Sent to Hospital: Date Transported Other (Provide detailed explanation below)

12-17-15 @ 3:15 pm
Date/TimeSizemore, LPN / Elizabeth Sizemore, LPN / T. Hamilton
Respondent Signature Name/Title Printed

PREA - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment Will be referred for Investigation

Determination by:

Signature

RECEIVED

FEB 16 2016

OFFICE OF HEALTH SERVICES

RECEIVED JAN - 7 2016
MAR - 1 2016 GRIEVANCE OFFICE

SA000667



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1 A-7

DC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 02/18/2016 at 1:39 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00012
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint you have not your receiving treatment to fix a bulging disc in your lower back which is causing you pain throughout your back and leg.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Ultimately it is the discretion of the ACC physician to recommend you a medical specialty referral. It is reported that you are receiving the back treatment which the physician agrees is appropriate for you. This issue is governed by OP 720.1.

If you have any further issues, please resubmit a sick call request for further evaluation of your back pain and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

2-19-16

Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date
--	------



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

86r -6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/04/2016 at 1:45 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00012
Housing		Filed Augusta Correctional Center	
C-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you are in chronic pain due to L3/L4 left posterior lateral disc bulge that is pressing on your L3 exiting nerve root. Since the pain started over a year ago you have been on the following medications: 800mg Ibuprofen, Motif, Zanaflex, Flexaril, Naproxen and 3 separate times of Prednisone. None of these medications worked at all so you were sent for an MRI on 11-20-15. After the MRI showed you have three bulging discs Dr. Landauer prescribed Gabepentin and Analgesic balm for muscle spasms. You want the L3/L4 left posterior lateral disc bulge that is causing you pain throughout your back, hip, left leg and foot repaired.

Informal Summary: Ms. Landrum states you have been scheduled to see the doctor for a follow up.

Investigation: According to Nurse Campbell Dr. Moreno reviewed and signed off on your MRI. You are being followed and treated in accordance with protocol. If you are having issues or feel that your condition has worsened submit a sick call to be re-evaluated.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed **UNFOUNDED**.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent Jacobson Date 2/7/16

I wish to appeal the Level I response because: for one MS, Landrum no longer works here and for two and Three I have seen Dr. Moreno twice since filing the Attached Informal complaint. 1-5-16 and 2-9-16. I can see the Dr. a million times and keep taking the same medications that don't work over and over and I will still be in daily, documented pain until I am given proper medical treatment. In your expert medical opinion has medication ever fixed a lateral disc bulge?? Because the medication I am being prescribed over and over is making mine worse!!

Offender Signature Terry Riggleman Date 2-9-16

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FEB 16 2016
FEB 16 2016
GRIEVANCE OFFICE
Page 5 of 5
OFFICE OF HEALTH SERVICES Rev. 05/31/2007



REGULAR GRIEVANCE

Log Number: Acc16 Reg00012

Riggeman	Terry	1000538	C-1	197
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

As you can see from the attached informal complaint and MRI I am in chronic pain due to L3/L4 left posterior lateral disc bulge that is pressing on my L3 exiting nerve root. Since this pain started, over a year ago, I have been on the following medications: 800mg Ibuprofen, Motrin, Zanaflex, Flexeril, Naproxen and 3 separate times of prednisone (steroid). None of these medications worked at all so I was sent for an MRI on 11-20-15 (copy attached). After the MRI showed I have three bulging discs Dr. Landauer prescribed gabepentin and zolpidem (for muscle spasms). I was told by Dr. MacDonald before the MRI that the only thing that is going to help me is to find out what is putting pressure on my sciatic nerve and get the pressure off of the nerve. Now that we know that it is a disc no medication is going to fix a bulging disc especially if dr. recommended treatment is being denied.

What action do you want taken? I want the L3/L4 left posterior lateral disc bulge that is causing the L3 nerve root (we know this because of my pain) in my back that has been causing me sciatic nerve pain throughout my back, hip, left leg and foot since 11-29-14 to be repaired.

Grievant's Signature:

Terry Riggeman

Date: 1-6-16

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Warden/Superintendent's Office:

RECEIVED

JAN - 7 2016

Date Received:

RECEIVED

FEB 16 2016

MAR - 1 2016 GRIEVANCE OFFICE

Augusta Health
78 Medical Center Drive
Fishersville, VA 22939

1000538

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Augusta HEALTH NOV 30 2015

MEDICAL

Department of Radiology
(540) 332-4400
(540) 932-4400

David C MacDonald DO
Augusta Correctional Center, 1821 Estalline Valley Rd
Craigsdale, VA 24430

Patient: RIGGLEMAN,TERRY	Acct #: M00063779128	MR #: M0398745
Tech: RAD.A2M	Status: REG CLI	
Report#: 1120-0436	Age/Sex: 39M	Loc: MRI
Report Source: Nuance	Phys: David C MacDonald DO	Pat phone #: (540)997-7000
	Dict. Date: 11/20/15 1703	

Status of this Report is Signed
Please note that Reports in Draft Status are not Final Reports

Report is final after physician e-signature

Date of Service: 11/20/15 Dictating Physician: David C Ratliff MD
Exam(s): 1120-0028 MRI/MRI * Spine Canal Lumbär w/o
DOB: 12/30/1975
Confidential Report: N
Diagnosis: LT LUMBAR PAIN
Reason for Exam: LT LUMBAR PAIN

Study: Lumbar spine MRI dated 11/20/2015 at 1557 hours.

Comparison: No previous available

History: Back pain

Technique: Multiple MR sequences were obtained through the lumbar spine before and after administration of contrast.

Findings:

5 nonrib-bearing lumbar vertebral bodies are identified. Alignment is anatomic. Vertebral body and intervertebral disc space height is well maintained throughout. Mild disc desiccation at L4-L5. The conus terminates at the L1 vertebral body level. No abnormal signal in the visualized distal cord.

L1/L2: Mild broad-based disc bulge. No canal stenosis or neuroforaminal narrowing.

L2/L3: No canal stenosis or neuroforaminal narrowing.

Ordering Physician copy
Page 1 of 2

RADIOLOGY REPORT
RECEIVED

FEB 16 2016

JAN - 7 2016
Signed
GRIEVANCE OFFICE

Dale Moreno, MD
1/21/16

AMERICAN SERVICES

FORM NO. 190224 REV. 5/00

SA000671

Patient: RIGGLEMAN, TERR	Acct #: M000637
Unit #: M0398745	Report #: 1120-0436
DOB: 12/30/1975	

L3/L4: Left posterior lateral disc bulge which may be contacting the exiting left L3 nerve root.

L4/L5: Broad-based disc bulge which is causing mild bilateral neuroforaminal narrowing

L5/S1: No canal stenosis or neuroforaminal narrowing.

The visualized soft tissue structures are unremarkable.

Impression:

Mild disc disease. The exiting left L3 nerve root may be contacted in the neural foramen.

Electronically signed by: David C Ratliff, MD
Date/Time signed: 11/20/15 1709

C: David C MacDonald DO

RECEIVED.

FEB 16 2016

OFFICE OF HEALTH SERVICES

JAN - 1 2016

RECEIVED 12/1/15
D. Moreno, MD

Ordering Physician copy
Page 2 of 2

RADIOLOGY REPORT CRIEVANCE Signed JAN - 7 2016
CRIEVANCE OFFICE



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/05/2016 at 4:11 PM

Grievance Number: ACC-16-REG-00012

Next Action Date: 02/19/2016 12:00 AM

Continuance

Level	Due Date	Reason	By
1	02/19/2016	Awaiting information	Conner, Sandra D
2			
3			

On this date: 01/07/2016 I have received a statement from:

Riggleman, Terry A

1000538

of

Augusta Correctional Center

(Offender Name and DOC#)

C-1-19-T

(Filed Location and Housing)

Setting out the following complaint:

States he is in chronic pain due to sciatic nerve and disc bulge/has not received proper medical treatment despite going through proper sick call.

S. D. Conner
Human Rights Advocate

(Signature)

(Title)



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Continuance Receipt

866.1

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/05/2016 at 4:10 PM

Grievance Number: ACC-16-REG-00011

Next Action Date: 02/19/2016 12:00 AM

Continuance

Level	Due Date	Reason	By
1	02/19/2016	Awaiting Information	Conner, Sandra D
2			
3			

On this date: 01/07/2016 I have received a statement from:

Riggleman, Terry A

1000538

of

Augusta Correctional Center

(Offender Name and DOC#)

C-1-19-T

(Filed Location and Housing)

Setting out the following complaint:

States he had to wait 8 days to get his analgesic balm/this is unexcusable.

S. D. Conner
Human Rights Advocate

(Signature)

(Title)



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.14-7

DO Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/11/2015 at 4:09 PM



Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-14-REG-01089
Housing		Filed Augusta Correctional Center	
D-1-19-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you have not received a proper medical diagnosis and treatment for your shoulder injury.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. It is reported by Dr. MacDonald that you received steroid therapy for your left shoulder in October 2014 and the dosage was tapered or lowered in December 2014. In March 2015, the physician has recommended an MRI of your shoulder, and you are receiving anti-inflammatory medication as well. There is no evidence to conclude that you are not receiving proper diagnosis and treatment for your shoulder injury. This issue is governed OP 720.1.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Inmate Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

	3/11/15
Regional Director, Health Services Director, or Chief of Operations for Offender Management Services	Date

Offender
Grievance
Response
- Level II

Report run
on
03/11/2015

Page 1 of 1

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Rev. 05/31/2007

MAR 17 2015

GRIEVANCE OFFICE

SA000717



VIRGINIA DEPARTMENT OF CORRECTIONS

86-16

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 02/20/2015 at 2:04 PM

Offender Grievance Response - Level I

2015 MAR -6 AM 11: 33

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-14-REG-01089
Housing		Filed Augusta Correctional Center	
D-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you have been in pain due to a yet to be diagnosed shoulder injury for at least 15 months now. You saw the doctor on 10-30-14 and was told that you would be given a follow up in 4-5 weeks because of your long term problem and issued 30 days of Mobit. You were then called to see the doctor on 12-10-14 but this was for chronic care which is with the RN, DON. You claim that you are receiving the run-around. You want to get a proper medical diagnosis and proper treatment.

Informal Summary: According to RN Damen, DON the doctor ordered a follow up in 180 days.

Investigation: According to Ms. Landrum, HSA you received a follow up from Oct 30th appointment at your chronic care visit on 12-12-14.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Regional Admin. 5427 Peters Creek Road-Suite 350, Roanoke, VA 24019-3891

Warden/Superintendent

JAC

Date 2/20/15

I wish to appeal the Level I response because: The investigation into this matter still didn't give/look for any evidence that I have been given a proper medical diagnosis or proper treatment. If you think I did then please explain to me what is causing constant shoulder pain in my left shoulder for a year and a half now?? Because my side doesn't show nor can any of these so called expert medical staff attendees explain it to me. This is why I feel that I am getting the run-around. Exactly what was I given prescription federally regulated drugs for??

Offender Signature

Terry Riggleman

Date

2/21/15

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RECEIVED
MAR 17 2015
Page 1 of 1
GRIEVANCE OFFICE

OMBUDSMAN SERVICE UNIT
WESTERN REGION

Rev. 05/31/2007

SA000718

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

REGULAR GRIEVANCE
2015 MAR -6 AM 11:11

Log Number

Acc14 Rego 108^c

Riggleman	Terry	1000538	D-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I have been in PAIN due to a yet to be diagnosed Shoulder injury for at least 15months now. I saw the Dr. on 10-30-14 and was told I would be given a followup in 4-5 weeks because of my long term problem and issued 30 days of Motil. I was called to the Dr. on 12-10-14 3days after I filed the attached Informal Complaint but this was for a chronic care appointment and that is what the RN DOW is referring to when she states "Dr. ordered a followup in 180 days". If medical would actually take the time to scan a file to check how long and what issues a Patient is having before they Just try to give a standard answer, throw a pill at you or just plainly give you a run around in a malpractic way then maybe a Patient here could actually get medical diagnosis and proper - adequate treatment.

What action do you want taken? I want Tax payer dollars to actually go towards diagnosis and treatment of offenders instead of training people who took an oath to help the sick in the art of deception and staff tactics.

Grievant's Signature: Terry Riggleman

RECEIVED 12-21-14

Warden/Superintendent's Office:

FEB 27 2015

RECEIVED

Date Received:

RECEIVED
OMBUDSMAN SERVICE UNIT
MAR 17 2015 WESTERN REGION

DEC 22 2014

GRIEVANCE OFFICE

GRIEVANCE OFFICE

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 F1_1-13

REGULAR GRIEVANCE

2015 MAR 16 WED 10:33

Log Number ACC14 Rego 1089

Last Name	First	Number	Building	Cell/Bed Number
Riggleman	Terry	1000538	D-1	19

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I have been in PAIN due to a yet to be diagnosed Shoulder injury for at least 15 months now. I saw the DR on 10-30-14 and was told I would be given a follow up in 4-5 weeks because of my long term problem and issued 30 days of nit. I was called to the DR on 12-10-14 3 days after I filed the attached Informal Complaint but this was for a chronic care appointment and that is what the RN/DON is referring to when she states "DR ordered a follow up in 180 days". If medical would actually take the time to scan a file to check how long and what issues a patient is having before they just try to give a standard answer, throw a pill at you or just plainly give you a run around in a malpractice way then maybe a patient here could actually get medical diagnosis and proper - adequate treatment.

What action do you want taken? I want Taxpayer dollars to actually go towards diagnosis and treatment not opposition instead of training people who just can't do it properly to help the S.D.H. in the art of deception & shoddy practices. I am 10 ft. shoulder for a year and a half now. Because my shoulder shows the DR Ray J. these so called expert medical staff findings explain the same. This is why I feel that I am getting

Grievant's Signature: Terry Riggleman

Date: 01-21-14

Warden/Superintendent's Office:

RECEIVED

Date Received:

MAR 17 2015

GRIEVANCE OFFICE

RECEIVED

FEB 27 2015 DEC 22 2014

OMBUDSMAN SERVICE OFFICE

WESTERN REGION

Revision Date: 1/14/13

1 of 2

SA000720

PLAINTIFFS EXHIBIT 5

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

DEC 10 2014

RECEIVED
Effective Date: December 1, 2010
Office of Grievance Procedure 866.1 Attachment 3
DEC 10 2014

DENTAL

Informal Complaint

MEDICAL

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Terry Riggeman

1000588

D-1-19

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific):

Saw Dr. on 10-30 and was told I would have a follow up in 4 or 5 weeks but I haven't been called yet. I can put in millions of sick-call requests but it does no good if Medical is broken. I have been putting in sick calls and playing the run around game for over a year now for my shoulder injury! I Am in PAIN!!

Offender Signature

Terry Riggeman

Date 12-7-14

Offenders - Do Not Write Below This Line

Date Received: 12/9/14

Tracking # 12CR45Info4878

Response Due: 12/20/14

Assigned to: Medical

Action Taken/Response:

Doctor ordered a follow up in 180 days.

W. Damen

Respondent Signature

W. Damen RN, DON

Printed Name and Title

12-16-14

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

MAR 17 2015

REC'D Date:

RECEIVED DEC 22 2014 GRIEVANCE OFFICE

Staff Witness Signature: _____

REC'D Date:

REC'D Date: 12/17/2015 GRIEVANCE OFFICE

GRIEVANCE OFFICE
OMBUDSMAN SERVICE UNIT
WESTERN REGION

Revision Date: 9/23/10

SA000721

VIRGINIA
DEPARTMENT OF CORRECTIONSOffender Request 801_F3_7-12
RECEIVED

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

Offender Request
2015 MAR -6 AM 11:34

DEC 04 2014

DENTAL

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Riggleman	Terry	A	1000538	D-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR			TODAY'S DATE
Sec. Rec Field	DUQUENSE			12-3-14

TO: Unit Manager Medical Personal Property Law Library
 Treatment Mental Health Education Enterprise Shop Security
 Chaplain Assistant Warden Warden Other Accounting

CHECK PURPOSE Appointment Request Question/Statement

I saw the Dr. on 10-30-14 and she told me that I would have a follow-up in 4 to 5 weeks because of my ongoing shoulder injury and an attempt at trying new medication (mobic). I am in serious pain and the medication is not working so when am I going to have this follow up visit??

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: _____ Date: _____

You need to put in a sick call request
 so they can get you scheduled

RECEIVED

Offender seen Yes NoLandrum HSA
Official Responding

MAR 17 2015

GRIEVANCE OFFICE

Date of Response 12/4/14

RECEIVED
FEB 27 2015OMBUDSMAN SERVICE
WESTERN PA

Revised Date: 9/16/12

SA000722



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

86 A-7

DOC Location: C00 Central Office,
Administration

Report generated by Ray, H C

Report run on 03/27/2014 at 3:18 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-14-REG-00181
Housing		Filed Augusta Correctional Center	
D-1-19-T			

**LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER
MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)**

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you should have been seen by the doctor within 72 hours after submitting your sick call rest form for a shoulder injury.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. Be advised that you should be seen by a qualified healthcare professional (the nurse or the physician) within 72 hours after your sick call request is triaged by the healthcare staff. Furthermore, after being seen by the nurse, it is the discretion of the nurse to refer you to the physician, if necessary. This issue is governed by **OP 720.1**.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level.

In accordance with OP 866.1 governing the Inmate Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

**Regional Director, Health Services Director, or Chief of Operations for
Offender Management Services**

Date

Offender Grievance Response - Level II

RECEIVED

Rev. 05/31/2007

4/22 ~ 2 2014

GRIEVANCE OFFICE

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Report run
on
03/27/2014

SA000753



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Conner, S D

Report run on 03/21/2014 at 1:16 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-14-REG-00181
Housing		Filed Augusta Correctional Center	
D-1-19-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state you saw the nurse for sick call and was charged but you never seen the doctor despite an ongoing shoulder injury. There were no nurse's instructions given to you. The only thing you were told was that you would be put on the list to see the doctor and now you are being told to put in another sick call. You know policy and you know that you are to be seen by a doctor within 72 hours of submitting a sick call request form. It has been over 29 days and you haven't been seen by a doctor. You want to quit experimenting on you and to give you proper medical treatment.

Informal Summary: You were seen and treated by medical. Dr. MacDonald reviewed the file and agreed with the nurses instructions if it continues to be an issued Dr. MacDonald said to file via sick call as needed.

Investigation: Dr. MacDonald reviewed your file, he said if you continue to have a problem sign up for sick call per policy to be evaluated.

Procedure: Operating Procedure 720.1 governs this matter.

Based on the above information your grievance is deemed **UNFOUNDED**.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:

Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent <i>J. A. Wonton</i>	Date 3/21/14
---	--------------

I wish to appeal the Level I response because:

The Response from the warden is a standard answer!! The facts are I Already saw the nurse for sick call and nothing was done so if I put in another sick call nothing is going to be done either. How long ~~is~~ is this dog it DONT show that is called "medical" going to be allowed to experiment on inmates and give us the run around when it comes to medical treatment??

Offender Signature <i>Terry Riggleman</i>	Date 3-24-14
---	--------------

RECEIVED

MAR 27 2014

OFFICE OF HEALTH SERVICES

RECEIVED

APR - 2 2014

GRIEVANCE OFFICE

GRIEVANCE OFFICE
REGULAR GRIEVANCE

400-7-100

RECEIVED

Log Number:

Acc 14 Begoo 181

Riggeman	Terry	1000538	D-1	19
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint or other documentation of informal process.) I saw the Nurse for sick call and was charged but I was never seen by the doctor despite an ongoing shoulder injury. According to the response on the Attached Informal Complaint and request form "Dr. macdonald agreed with the Nurses instructions". Their were No Nurses instructions given to me. The only thing I was told was that I would be put on the list to see the Doctor and Now I am being told to put in another sick call. Why would I do that if I am not being given medical treatment when I do?? I know the policy on being seen by medical and according to Health Services in Richmond Inmates are to be seen by a Dr. within 72 hrs of Submitting a Sick call request form. Well today makes 29 days and I still haven't been seen by a Dr. This is a clear violation of my 8th amendment Right to Not be Submitted to Cruel and Unusual punishment!!.

What action do you want taken? I want medical to quit experimenting on me and to give me proper medical treatment which first involves proper diagnosis of the condition and then reasonable treatment.

Grievant's Signature: Terry Riggeman RECEIVED Date: 2-19-14

100-7-2014

Warden/Superintendent's Office

RECEIVED

GRIEVANCE OFFICE RECEIVED

Date Received: MAR 27 2014

FEB 20 2014

OFFICE OF HEALTH SERVICES

GRIEVANCE OFFICE

1 of 2

Revision Date: 5/29/07

SA000755

DI
VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request 801_F3_7-12

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Riggleman	Terry	A	1000538	D-1-19
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
Sec. Rec C/D	Duquense		2-7-14	

TO: Unit Manager Medical Personal Property Law Library
 Treatment Mental Health Education Enterprise Shop Security
 Chaplain Assistant Warden Warden Other Accounting

CHECK PURPOSE Appointment Request Question/Statement

I have Attached the Copay Slip you asked for but my Complaint is Not about the money it is about Not being seen by the doctor for 13 days Now After I went to Sick Call

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: _____ Date: _____

See Dr MacDonald reviewed your file, agreed with the nurse's instruction and wrote to you to follow up via sick call with continuing problems

RECEIVED RECEIVED

MAR 27 2014

GRIEVANCE OFFICE OFFICE OF HEALTH SERVICES

Offender seen Yes No

Edripau Don

Official Responding

RECEIVED

2/18/14 FEB 2014

Date of Response GRIEVANCE OFFICE

Revision Date: 7/16/12

SA000756



RECEIVED

FEB 18 2014

Effective Date: December 1, 2010
Operating Procedure 866.1 Attachment 3MEDICAL
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Terry Riggelman

1000538

D-1-19

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific):

I saw the nurse for sick call on 1-22-14 for my shoulder that has been injured for months now and it is 2-6-14 and I still haven't seen the doctor yet. There has been a fee of \$5.00 deducted from my account for Med-co pay but I haven't received any actual medical treatment yet.

Offender Signature

Terry Riggelman

Date 2-6-14

Offenders - Do Not Write Below This Line

Date Received: 2/14/14

Tracking # ACC14/Info/88

Response Due: 2/24/14

Assigned to: Medical

Action Taken/Response:

You were seen & treated by medical Dr McDonald reviewed the file & agreed with the nurses instructions if it continues to be an issue Dr McDonald said to file via sick call as needed

Ripped Don Eshipp

RECEIVED 1/18/14

Respondent Signature

Printed Name and Title

Date

1/22/2014

RECEIVED

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

RECEIVED

Offender Signature:

Date: GRIEVANCE OFFICE

Staff Witness Signature:

MAR 27 2014

Date:

Augusta
HEALTH
RECEIVED

Augusta Health
78 Medical Center Drive
Fishersville, VA 22939

APR 17 2015

Department of Radiology
(540) 332-4400
(540) 932-4400

MEDICAL

1000538

David C MacDonald DO
Augusta Correctional Center, 1821 Estaline Valley Rd
Craigsville, VA 24430

Patient: RIGGLEMAN,TERRY	Acct #: M00060719127	MR #: M0398745
Status: REG CLI		
Tech: RAD.VLL	Age/Sex: 39M	Loc: MRI
Report #: 0413-0016	Phys: David C MacDonald DO	Pat phone #: (540)997-3638
Report Source: Nuance	Dict. Date: 04/13/15 0732	

Status of this Report is Signed
Please note that Reports in Draft Status are not Final Reports

Report is final after physician e-signature

Date of Service: 04/07/15 Dictating Physician: Gary B. Lichtenstein MD
Exam(s): 0407-0006 MRI/MRI * Lt Shoulder w/o Contrast
DOB: 12/30/1975
Confidential Report: N
Diagnosis: L SHOULDER PAIN, UNSTABLE TO LIFE WEIGHTS
Reason for Exam: L SHOULDER PAIN, DECREASE ROM
**** XRAYS 3/12/15, PT WILL NEED ORBITS ALSO****

MR LEFT SHOULDER:

There is mild acromioclavicular joint disease.

There is mild tendinosis in the supraspinatus tendon.

No labral or rotator cuff tear is identified.

IMPRESSION:

Tendinosis and acromioclavicular joint disease.

Electronically signed by: Gary B. Lichtenstein MD
Date/Time signed: 04/13/15 0738

C: David C MacDonald DO

DCM
4/12/15

Ordering Physician copy
Page 1 of 2

RADIOLOGY REPORT

Signed

556

Patient: RIGGLEMAN, TERRY	Acct #: M00060719127
Unit #: M0398745	Report #: 0413-0016
DOB: 12/30/1975	

Ordering Physician copy
Page 2 of 2

RADIOLOGY REPORT

Signed



VGI. 11/10/08

DEC 05 2016

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2**Informal Complaint**

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Terry Riggeman

1000538

N-4-30

Offender Name

Offender Number

Housing Assignment

Unit Manager/Supervisor
 Personal Property
 Medical Administrator

Food Service
 Commissary
 Other (Please Specify): _____

Treatment Program Supervisor
 Mailroom

Briefly explain the nature of your complaint (be specific): I am being denied access to medical services (i.e. treatment) for my chronic hep. c. This discrimination is a violation of the Americans with Disabilities Act and shows gross negligence toward my serious medical needs. As you can see by the attached paperwork offenders with other chronic illnesses are all being treated for their problems while hep c patients are forced to "meet criteria". Medical is aware that an infectious disease is considered a disability under A.D.A. The A.D.A clearly states that "An infectious disease is a disability and that I can't be denied access to a service, plan or program because of my disability," which medical treatment is considered a service. All attached documentation will support my claim. Thank you for your time.

Offender Signature Terry RiggemanDate 12-6-16

Offenders - Do Not Write Below This Line

Date Received: 12/8/16Tracking # ACC 16-1103681Response Due: 12/15/16Assigned to: Medical

Action Taken/Response:

The DOC has guidelines to be followed in determining who is eligible for Hep. C treatment. ~~Medical has to follow these guidelines (criteria)~~

E. Shipp RN
Respondent SignatureE. Shipp RN
Printed Name and Title12/13/16
Date**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000469



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level II

866.1

DOC Location: C00 Central Office,
Administration

Report generated by HR

Report run on 01/20/2017 at 3:04 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00633
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

LEVEL II HEALTH SERVICES DIRECTOR:

Your grievance appeal complaint has been reviewed along with the response from Level I and your complaint that you are being denied treatment for Hepatitis C which violates ADA.

Based on the information provided and upon further investigation, I concur with the Level I response and have determined your grievance **UNFOUNDED**. As you were advised, it is reported that you have been evaluated, and currently, you do not meet the criteria in the DOC guidelines for Hepatitis C treatment. However, you should continue to receive monitoring and evaluation for your Hepatitis C condition, as well as unimpeded access to medical services at Augusta CC. This issue is governed by restricted policy.

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.


Regional Director, Health Services Director, or Chief of Operations for
Offender Management Services

1/20/17
Date



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: ACC Augusta Correctional Center

Report generated by Frady, J D

Report run on 01/04/2017 at 2:35 PM

Offender Name	DOC#	Location	Grievance Number
Riggleman, Terry A	1000538	Current Augusta Correctional Center	ACC-16-REG-00633
Housing		Filed Augusta Correctional Center	
N-4-30-T			

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

Grievance Summary: You state that you are being denied access to medical services. You claim that there is no medical reason for refusing you treatment for your HepC. You state that all HIV patients receive treatment, as do all diabetics. You state medical is aware that an infectious disease is considered a disability under ADA. You claim HepC is an infectious disease and medical states that they adhere to the standards required by ADA. You state that you are being forced to meet criteria in order to obtain treatment for your disability but no one will tell you what that criteria is, while other disabled people are not. You claim this is discrimination and gross negligence towards your serious medical needs. You state that this is deliberate indifference and violates the Americans with Disabilities Act (ADA). You want treatment for your HepC. You state that there is no medical reason for refusing you this treatment. Your requesting that this be remedied.

Informal Summary: RN Shipp states, the DOC has guidelines to be followed for determining who is eligible for HepC treatment. Medical has to follow these guidelines/criteria.

Investigation: Per the medical department, determination for HepC treatment is made by the DOC Medical Director not by the on site doctors. In order to be considered for HepC treatment you must meet certain criteria and at this time you do not meet the criteria for treatment. Your health will continue to be monitored by the ACC medical staff. You are being followed by the primary physician at ACC in accordance with policy and procedure; no violation has been found.

RECEIVED

JAN 17 2017

Procedure: This matter is governed by Operating Procedure 720.1.
Based on the information above your Grievance is deemed UNFOUNDED.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services Director, PO Box 26963, Richmond, VA 23261-6963

Warden/Superintendent	Date
-----------------------	------

Warden/Superintendent Jawood Date 1/11/17
I wish to appeal the Level I response because: whoever is responsible for determination of HepC treatment is violating The Americans with Disabilities act, the 8th and 14th amendments cruel and unusual punishment and equal protection clauses and discriminating not only among which infectious diseases that are being treated but ALSO discriminating within those classes of infectious diseases. I. F. Some hep.c patients do get treatment. There is NO medical reason to delay or deny me hep.c treatment.

Offender Signature	Date
--------------------	------

JAN 17 2017

. VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance No. 51-11

REGULAR GRIEVANCE

Log Number: AC16 Rego638

Riggleman	Terry	1000538	N-4	30
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) I am being denied access to medical services (i.e. treatment) (memo Attached) There is no medical reason for refusing me treatment for my Hep. C. All HIV patients receive treatment (req Attached) all diabetics receive treatment (req Attached). Medical is aware that an infectious disease is considered a disability under A.D.A. (req Attached). Hep. C. is an infectious disease (req Attached). Medical adheres to the standards required by A.D.A (req Attached). I am being forced to meet criteria in order to obtain treatment for my disability but no one will tell me what that criteria is (req. attached) while other disabled people are not (i.e. all HIV patients receive treatment and some Hep C patients do). This is discrimination, gross negligence towards my serious medical needs, deliberate indifference and violation of the Americans with Disabilities Act (A.D.A). Attached documentation will support my claim, failure to remedy would be

Not adhering to the "Broad and idealistic concepts of dignity, civilization, standards of humanity and decency that mark the progress of a maturing society" (Estelle v. Gamble)

What action do you want taken? I want treatment for my hep. c. There is no medical reason for refusing me this treatment. I request that this be remedied. Failure to do so would be discrimination, gross negligence towards my serious medical needs, deliberate indifference and violation of the A.D.A. (also constitute Not adhering to the "Broad and idealistic concepts of dignity, civilization, standards of humanity and decency that mark the progress of a maturing society" (Estelle v. Gamble)

Grievant's Signature: Terry Riggleman

Date: 12-17-16

Warden/Superintendent's Office: _____

DEC 20 2016

Date Received: _____

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal ComplaintEffective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

DEC 05 2016

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

RECEIVED
DEC 05 2016
MEDICAL

Terry Riggeman	1000538	N-4-30
Offender Name	Offender Number	Housing Assignment
<input type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Treatment Program Supervisor
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input checked="" type="checkbox"/> Medical Administrator	<input type="checkbox"/> Other (Please Specify): _____	

Briefly explain the nature of your complaint (be specific): I am being denied access to medical services (IE. Treatment) for my chronic hep. c. This discrimination is a violation of the Americans with Disabilities Act and shows gross negligence toward my serious medical needs. As you can see by the attached paperwork offenders with other chronic illnesses are all being treated for their problems while hep c patients are forced to "meet criteria". Medical is aware that an infectious disease is considered a disability under A.D.A. The A.D.A clearly states that "An infectious disease is a disability and that I can't be denied access to a service, plan or program because of my disability." Which medical treatment is considered a service. All attached documentation will support my claim. Thank you for your time.

Offender Signature Terry Riggeman Date 12-6-16

Offenders - Do Not Write Below This Line

Date Received: 12/8/16Tracking # ACC16 Intd 3687Response Due: 12/18/16Assigned to: Medical

Action Taken/Response:

The DOC has guidelines to be followed in determining who is eligible for Hep. C treatment. Medical has to follow these guidelines (criteria)

Respondent Signature

Printed Name and Title

Date 12/13/16WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: DEC 20 2016

Staff Witness Signature: _____ Date: _____

Revision Date: 4/9/13

SA000529

Amonette, Mark S. (VADOC)

From: Fuller, Trey (VADOC)
Sent: Wednesday, May 10, 2017 9:03 PM
To: Vargo, Marie M. (VADOC)
Cc: Herrick, Steve (VADOC); Amonette, Mark S. (VADOC)
Subject: Hep C

Hey Marie,

Dr. Herrick asked me to send you some stats. Please let me know if you need anything else besides the below information.

As far as a general status of Hep C treatment we are still getting evals based on cases found in the institutions (they are self-reported or are discovered due to blood tests when clinically indicated) and Dr. Amonette is evaluating each one for treatment based on our protocol. For planned number to be treated, we haven't set any caps – we have just been continuing to treat. There are already lawsuits in other states demanding quicker treatment and we have one now that is pending requesting treatment even though the offender doesn't meet our guidelines currently. Recently we discussed the estimates of Hep C incidence in corrections at around 30% (some are as high at 60%). If we were required to treat all of these patients the drug costs alone would be 376.5 million on a best case scenario. Our numbers are below.

- 585 evaluated
- 394 approved for treatment and referred to VCU
- 303 seen by VCU
- 263 treated
 - 15 more pending work up
 - 25 did not qualify due to clinical status or refusal
- Money spent to date: \$12.2 million

Thanks,

Trey Fuller, PharmD
Chief Pharmacist
Virginia Dept. of Corrections
Office: 804.887.8218
Cell: 434.548.1339
Trey.Fuller@vadoc.virginia.gov



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN MORENO, DALE	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201704126294	CONTROL NO. 1231590
FACILITY NO. 4502M	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 03/31/2017 09:00	DATE RESULTED 04/06/2017 18:42
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538		

Abnormals Summary

HCV RNA QUAL	POSITIVE	HCV RNA, QUANT	2310779
--------------	----------	----------------	---------

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
NON-FASTING						
HCV RNA GENOTYPE, RT-PCR				col: 03/31/2017		Status: F
HCV RNA GENOTYPE, RT-PCR	1b					

THIS TEST USES IN VITRO REVERSE TRANSCRIPTION-POLYMERASE CHAIN REACTION (RT-PCR) FOR THE IDENTIFICATION OF THE HEPATITIS C VIRUS GENOTYPE.

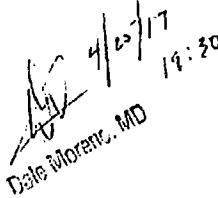
NON-FASTING

HEPATITIS C VIRUS RNA, QUANT		col: 03/31/2017	Status: F
HCV RNA QUAL	POSITIVE	A	NEGATIVE
HCV RNA, QUANT	2310779	H	0-12 IU/mL
LOG HCV IU/mL	6.36		

THIS PROCEDURE UTILIZES A REAL-TIME POLYMERASE CHAIN REACTION (PCR) TEST FROM ABBOTT MOLECULAR. THE AMPLIFICATION TARGET IS A CONSERVED REGION OF THE HCV GENOME. THE LOWER LIMIT OF QUANTITATION IS 12 IU/mL. (1.08 LOG IU/mL) AND THE UPPER LIMIT OF QUANTITATION IS 100 MILLION IU/mL (8.00 LOG IU/mL).

THE QUALITATIVE LIMIT OF DETECTION IS 12 IU/mL (1.08 LOG IU/mL).

SPECIMENS REPORTED AS POSITIVE BUT <12 IU/mL CONTAIN DETECTABLE LEVELS OF HEPATITIS C RNA BUT THE VIRAL LOAD IS BELOW THE LIMIT OF QUANTITATION. A NEGATIVE RESULT DOES NOT RULE OUT INFECTION.


 Dale Moreno, MD
 4/3/17
 14:20

Director: Lorenz P. Kielhorn, MD

Printed: 04/07/2017 06:16

-- End of Report --

Printed By: Martin, Lisa

Pg: 1

SA000898



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN LANDAUER, DIANE	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201611895254	CONTROL NO. 1128345
FACILITY NO. 4502M	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 11/11/2016 08:00	DATE RESULTED 11/12/2016 19:00
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538		

Abnormals Summary

WHITE BLOOD COUNT	3.74	ABSOLUTE NEUTROPHIL	0.97	NEUTROPHILS	25.9
		CT			
MONOCYTES	20.6				
ALK PHOS	42	CARBON DIOXIDE	35	SGOT/AST	47
SGPT/ALT	60				

Test Description Result Abnormal Flag Reference Range Units Prev Lab Res

NON-FASTING

CBC				col: 11/11/2016	Status: F
PLATELET COUNT	220			140-400	TH/CMM 272
WHITE BLOOD COUNT	3.74	LL		4.0-10.0	TH/CU MM 7.10
ABSOLUTE NEUTROPHIL CT	0.97	L		1.56-8.10	x10-3/uL 3.03
NEUTROPHILS	25.9	L		39-81	% 42.7
LYMPHOCYTE	46.0			14-51	% 37.5
MONOCYTES	20.6	H		0-13.3	% 13.2
EOSINOPHIL	6.4			0-8	% 4.9
BASOPHILS	0.8			0-2	% 0.7
RED BLOOD CELLS	5.10			4.41-5.51	M/CU MM 5.65
HEMOGLOBIN	16.1			13.5-17.5	G/DL 17.3
HEMATOCRIT	45.5			41-53	% 49.9
MCV	89.2			80-100	FL 88.3
MCH	31.6			27-33	PG 30.6
MCHC	35.4			31-37	G/DL 34.7
RDW	12.5			11.0-14.5	% 12.6
MPV	10.7			7.4-12.0	FL 10.2

NON-FASTING

CMP				col: 11/11/2016	Status: F
ALBUMIN	4.6			3.5-5.5	G/DL 4.6
ALK PHOS	42	LL		53-128	U/L 45
TOTAL BILIRUBIN	0.7			0.2-1.2	MG/DL 1.0
BUN	9			7-18	MG/DL 14
CALCIUM	10.2			8.4-10.7	MG/DL 9.8
CHLORIDE	104			98-107	MEQ/L 105

Director: Lorenz P. Kielhorn, MD

Printed: 11/14/2016 09:43

Continued on Next Page

Printed By: Martin, Lisa Pg: 1

11-15-2016
agm

SA000039

PLAINTIFFS EXHIBIT 3B



GARCIA LABORATORY

Status: FINAL

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

ORDERING PHYSICIAN LANDAUER, DIANE	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201611895254	CONTROL NO. 1128345
FACILITY NO. 4502M	DOB 12/30/1975		ACCOUNT NO. PRIS 5993320	DATE COLLECTED 11/11/2016 08:00	DATE RESULTED 11/12/2016 19:00
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID INMATE ID 1000538				

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev	Lab Res
CREATININE, SERUM	0.90			0.7-1.3	MG/DL	0.86	
GFR (NON-AFR AMER)	99			60-300	mL/MIN	105	
GFR (AFR AMER)	120			60-300	mL/MIN	127	
GLUCOSE	95			70-105	MG/DL	77	
REFERENCE RANGES							
FASTING DRAW: 70-105 mg/dl							
RANDOM DRAW: DEPENDENT UPON TIME AND CONTENT OF LAST MEAL							
POTASSIUM	5.1			3.5-5.1	MEQ/L	5.0	
TOTAL PROTEIN	7.4			6.0-8.3	G/DL	7.4	
SODIUM	144			136-145	MEQ/L	141	
CARBON DIOXIDE	35	H		22-33	MEQ/L	31	
SGOT/AST	47	HH		15-40	U/L	47	
SGPT/ALT	60	H		7-45	U/L	65	
HEMOGLOBIN A1C				col: 11/11/2016		Status: F	
HEMOGLOBIN A1C	5.3			4.1-6.5	%	5.7	

A1C VALUE (% OF TOTAL HEMOGLOBIN) INTERPRETATION
 < 5.7 DECREASED RISK OF DIABETES
 5.8 - 6.0 INCREASED RISK OF DIABETES
 6.1 - 6.4 HIGHER RISK OF DIABETES
 >OR= 6.5 CONSISTENT WITH DIABETES

Director: Lorenz P. Kielhorn, MD

Printed: 11/14/2016 09:43

-- End of Report --

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SA000040

Status: FINAL



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

ORDERING PHYSICIAN MORENO, DALE	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201601404453	CONTROL NO. 888939
FACILITY NO. 4502M	DOB 12/30/1975		ACCOUNT NO. PRIS 5993320	DATE COLLECTED 01/19/2016 07:15	DATE RESULTED 01/20/2016 16:42
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID 1000538				

Abnormal's Summary					
RED BLOOD CELLS	5.65				
SGOT/AST	67	SGPT/ALT	91		

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
FASTING						
CBC				col: 01/19/2016		Status: F
PLATELET COUNT	272			140-400	TH/CUMM	264
WHITE BLOOD COUNT	7.10			4.0-10.0	TH/CU MM	5.84
ABSOLUTE NEUTROPHIL CT	3.03			1.56-8.10	x10 ³ /uL	2.31
NEUTROPHILS	42.7			39-81	%	39.6
LYMPHOCYTE	37.5			14-51	%	48.8
MONOCYTES	13.2			0-13.3	%	5.1
EOSINOPHIL	4.9			0-8	%	4.3
BASOPHILS	0.7			0-2	%	0.3
RED BLOOD CELLS	5.65	HH		4.41-5.51	M/CU MM	4.72
HEMOGLOBIN	17.3			13.5-17.5	G/DL	14.5
HEMATOCRIT	49.9			41-53	%	44.2
MCV	88.3			80-100	FL	93.6
MCH	30.6			27-33	PG	30.7
MCHC	34.7			31-37	G/DL	32.8
RDW	12.6			11.0-14.5	%	12.3
MPV	10.2			7.4-12.0	FL	11.0

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
FASTING						
CMP				col: 01/19/2016		Status: F
ALBUMIN	4.5			3.5-5.5	G/DL	4.2
ALK PHOS	53			53-128	U/L	49
TOTAL BILIRUBIN	0.8			0.2-1.2	MG/DL	0.6
BUN	16			7-18	MG/DL	11
CALCIUM	9.7			8.4-10.7	MG/DL	9.6
CHLORIDE	104			98-107	MEQ/L	105
CREATININE, SERUM	0.84			0.7-1.3	MG/DL	0.97
GFR (NON-AFR AMER)	108			60-300	mL/MIN	92
GFR (AFR AMER)	130			60-300	mL/MIN	111

Director: Lorenz P. Kielhorn, MD

Printed: 01/21/2016 06:00

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GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN MORENO, DALE	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201601404453	CONTROL NO. 888939
FACILITY NO. 4502M	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 01/19/2016 07:15	DATE RESULTED 01/20/2016 16:42
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
GLUCOSE	103					
REFERENCE RANGES						
FASTING DRAW: 70-105 mg/dL						
POTASSIUM	5.0			3.5-5.1	MEQ/L	4.7
TOTAL PROTEIN	7.4			6.0-8.3	G/DL	6.8
SODIUM	145			136-145	MEQ/L	140
CARBON DIOXIDE	32			22-33	MEQ/L	24
SGOT/AST	67	HH		15-40	U/L	39
SGPT/ALT	91	H		7-45	U/L	51
HEMOGLOBIN A1C				col: 01/19/2016		Status: F
HEMOGLOBIN A1C	5.7			4.1-6.5	%	5.9

A1C VALUE (% OF TOTAL HEMOGLOBIN) INTERPRETATION
 < 5.7 DECREASED RISK OF DIABETES
 5.8 - 6.0 INCREASED RISK OF DIABETES
 6.1 - 6.4 HIGHER RISK OF DIABETES
 >OR= 6.5 CONSISTENT WITH DIABETES

Director: Lorenz P. Kleinhorn, MD

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SA000049



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2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN LANDAUER, DIANE	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201412783949	CONTROL NO. 577114
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 12/30/2014 09:15	DATE RESULTED 12/31/2014 23:43
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID.		INMATE ID 1000538		

Abnormals Summary					
ALK PHOS	50	SGOT/AST	56	SGPT/ALT	88
TSH-HIGH	5.08				
SENSITIVITY					

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
NON-FASTING						
CBC				col: 12/30/2014		Status: F
PLATELET COUNT	254			150-400	TH/CU MM	
WHITE BLOOD COUNT	7.20			4.0-10.0	TH/CU MM	
ABSOLUTE NEUTROPHIL CT	3.70			1.56-8.10	x10-3/uL	
NEUTROPHILS	51.4			39-81	%	
LYMPHOCYTE	41.2			14-51	%	
MONOCYTES	5.0			0-13.3	%	
EOSINOPHIL	2.1			0-8	%	
BASOPHILS	0.3			0-2	%	
RED BLOOD CELLS	5.06			4.41-5.51	M/CU MM	
HEMOGLOBIN	16.0			13.5-17.5	G/DL	
HEMATOCRIT	47.1			41-53	%	
MCV	93.1			80-105	FL	
MCH	31.5			27-33	PG	
MCHC	33.9			31-37	G/DL	
RDW	13.0			11.5-14.5	%	
MPV	8.6			7.4-10.4	FL	

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
NON-FASTING						
CMP				col: 12/30/2014		Status: F
ALBUMIN	4.2			3.5-5.5	G/DL	
ALK PHOS	50	LL		53-128	U/L	
TOTAL BILIRUBIN	0.7			0.2-1.2	MG/DL	
BUN	13			7-18	MG/DL	
CALCIUM	9.4			8.4-10.7	MG/DL	
CHLORIDE	99			98-107	MEQ/L	
CREATININE, SERUM	0.92			0.7-1.3	MG/DL	
GFR (NON-AFR AMER)	.97			60-300	ML/MIN	
GFR (AFR AMER)	118			60-300	ML/MIN	

Director: Lorenz P. Kielhorn, MD

11/15
11/15

Printed: 01/06/2015 08:14

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Status: FINAL

ORDERING PHYSICIAN LANDAUER, DIANE	NAME RIGGLEMAN, TERRY	SEX M	ACCESSION NO. 201412783949	CONTROL NO. 577114
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320	DATE COLLECTED 12/30/2014 09:15	DATE RESULTED 12/31/2014 23:43
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538		

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
GLUCOSE	82			70-105	MG/DL	
POTASSIUM	3.8			3.5-5.1	MEQ/L	
TOTAL PROTEIN	6.5			6.0-8.3	G/DL	
SODIUM	138			136-145	MEQ/L	
CARBON DIOXIDE	33			22-33	MEQ/L	
SGOT/AST	56	HH		15-40	U/L	
SGPT/ALT	88	H		7-45	U/L	
HEMOGLOBIN A1C				col: 12/30/2014		Status: F
HEMOGLOBIN A1C	6.1			4.1-6.5	%	

A1C VALUE (% OF TOTAL HEMOGLOBIN) INTERPRETATION
 < 5.7 DECREASED RISK OF DIABETES
 5.8 - 6.0 INCREASED RISK OF DIABETES
 6.1 - 6.4 HIGHER RISK OF DIABETES
 >OR= 6.5 CONSISTENT WITH DIABETES

TSH-HIGH SENSITIVITY				col: 12/30/2014		Status: F
TSH-HIGH SENSITIVITY	5.08	H		0.465-4.68	uU/mL	

Will repeat
TSH, & add T4

1/7/15

PL

Director: Lorenz P. Kielhorn, MD

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SA000249



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Status: FINAL

ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201308890597	CONTROL NO. 137693
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 08/23/2013 07:30	DATE RESULTED 08/24/2013 23:05
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Abnormals Summary

BUN	20	GLUCOSE	109	SGOT/AST	54
SGPT/ALT	68				

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
NON-FASTING						
Col: 08/23/2013 Status: F						
PLATELET COUNT	215			150-400	TH/CMM	
WHITE BLOOD COUNT	4.76			4.0-10.0	TH/CU MM	
ABSOLUTE NEUTROPHIL CT	2.33			1.56-8.10	x10 ³ /uL	
NEUTROPHILS	48.9			39-81	%	
LYMPHOCYTE	44.8			14-51	%	
MONOCYTES	4.3			0-13.3	%	
EOSINOPHIL	1.4			0-8	%	
BASOPHILS	0.7			0-2	%	
RED BLOOD CELLS	4.86			4.41-5.51	M/CU MM	
HEMOGLOBIN	14.6			13.5-17.5	G/DL	
HEMATOCRIT	46.2			41-53	%	
MCV	95.2			80-105	FL	
MCH	30.1			27-33	PG	
MCHC	31.6			31-37	G/DL	
RDW	13.8			11.5-14.5	%	
MPV	10.3			7.4-10.4	FL	

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
NON-FASTING						
Col: 08/23/2013 Status: F						
CMP						
ALBUMIN	4.6			3.5-5.5	G/DL	
ALK PHOS	68			53-128	U/L	
TOTAL BILIRUBIN	1.1			0.2-1.2	MG/DL	
BUN	20	HH		7-18	MG/DL	
CALCIUM	9.5			8.4-10.7	MG/DL	
CHLORIDE	103			98-107	MEQ/L	
CREATININE, SERUM	0.95			0.7-1.3	MG/DL	
GFR (NON-AFR AMER)	94			60-300	mL/MIN	
GFR (AFR AMER)	114			60-300	mL/MIN	
GLUCOSE	109	H		70-105	MG/DL	

Director: Lorenz P. Kielhorn, MD

Printed: 08/26/2013 08:25

Continued on Next Page

DCM
8/28/17

Pg: 1

SA000257



GARCIA LABORATORY

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201308890597	CONTROL NO. 137693
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 08/23/2013 07:30	DATE RESULTED 08/24/2013 23:05
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Test Description	Result	Abnormal	Flag	Reference Range	Units	Labs
POTASSIUM	3.9			3.5-5.1	MEQ/L	
TOTAL PROTEIN	7.1			6.0-8.3	G/DL	
SODIUM	.138			136-145	MEQ/L	
CARBON DIOXIDE	29			22-33	MEQ/L	
SGOT/AST	54	HH		15-40	U/L	
SGPT/ALT	68	H		10-35	U/L	
WESTERGREN SED RATE				Col: 08/23/2013		Status: F
WESTERGREN SED RATE	0			0-15	MM/HR	

Director: Lorenz P. Kielhorn, MD

Printed: 08/26/2013 08:25

-- End of Report --

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SA000258



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3301

Phone: 800-762-4344

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
078-501-3037-0 S BN COMPLETE Page #: 1

ADDITIONAL INFORMATION

FASTING: N
DOB: 12/30/1975

CLINICAL INFORMATION

CD-20108610510

PATIENT NAME RIGGLEMAN, TERRY	SEX M	AGE(YR/MOS.) 33 / 2	PHYSICIAN ID. MARSH D	NPI	PATIENT ID. 375733
----------------------------------	----------	------------------------	--------------------------	-----	-----------------------

PT. ADD.:

ACCOUNT: Augusta Correctional Center

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	1821 ESTALINE VALLEY RD PO BOX 1000!
3/19/2009	7:30	3/19/2009	3/26/2009	5:40 8864	Craigsville VA 24430-0000

ACCOUNT NUMBER: 45718025

TEST	RESULT	LIMITS	LAB
CBC With Differential/Platelet			
WBC	4.6	x10E3/uL	4.0 - 10.5 01
RBC	4.87	x10E6/uL	4.10 - 5.60 01
Hemoglobin	15.4	g/dL	12.5 - 17.0 01
Hematocrit	44.4	%	36.0 - 50.0 01
MCV	91	fL	80 - 98 01
MCH	31.5	pg	27.0 - 34.0 01
MCHC	34.6	g/dL	32.0 - 36.0 01
RDW	13.3	%	11.7 - 15.0 01
Platelets	298	x10E3/uL	140 - 415 01
Neutrophils	48	%	40 - 74 01
Lymphs	39	%	14 - 46 01
Monocytes	8	%	4 - 13 01
Eos	4	%	0 - 7 01
Basos	1	%	0 - 3 01
Neutrophils (Absolute)	2.2	x10E3/uL	1.8 - 7.8 01
Lymphs (Absolute)	1.8	x10E3/uL	0.7 - 4.5 01
Monocytes (Absolute)	0.4	x10E3/uL	0.1 - 1.0 01
Eos (Absolute)	0.2	x10E3/uL	0.0 - 0.4 01
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2 01
Basic Metabolic Panel (8)			
Glucose, Serum	85	mg/dL	65 - 99 01
BUN	11	mg/dL	5 - 26 01
Creatinine, Serum	0.84	mg/dL	0.76 - 1.27 01
Glom Filt Rate, Est	>59	mL/min/1.73	>59
If African-American	>59	mL/min/1.73	>59
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m ² defines CKD. Patients with eGFR values >=60 mL/min/1.73 m ² may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org .			
BUN/Creatinine Ratio	13		8 - 27
Sodium, Serum	140	mmol/L	135 - 145 01
Potassium, Serum	3.9	mmol/L	3.5 - 5.2 01
Chloride, Serum	100	mmol/L	97 - 108 01
Carbon Dioxide, Total	25	mmol/L	20 - 32 01
Calcium, Serum	9.4	mg/dL	8.5 - 10.6 01
Hepatic Function Panel (7)			
Protein, Total, Serum	7.2	g/dL	6.0 - 8.5 01
Albumin, Serum	4.5	g/dL	3.5 - 5.5 01

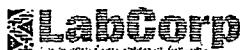
Pat Name: RIGGLEMAN, TERRY Pat ID: 375733 Spec #: 078-501-3037-0 Seq #: 8864

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00

SA000296



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1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
078-501-3037-0 S BN COMPLETE Page #: 2

ADDITIONAL INFORMATION

FASTING: N
DOB: 12/30/1975

PATIENT NAME
RIGGLEMAN, TERRY
PT. ADD.:

SEX
M
33 / 2

CLINICAL INFORMATION

CD-20108610510

PHYSICIAN ID. NPI PATIENT ID.
MARSH D 375733

ACCOUNT: Augusta Correctional Center

DATE OF COLLECTION TIME DATE RECEIVED DATE REPORTED TIME
3/19/2009 7:30 3/19/2009 3/26/2009 5:40 8864 ACCOUNT NUMBER: 45718025
1821 ESTALINE VALLEY RD PO BOX1000
Craigsville VA 24430-0000

TEST	RESULT	LIMITS	LAB
Bilirubin, Total	0.3 mg/dL	0.1 - 1.2	01
Bilirubin, Direct	0.13 mg/dL	0.00 - 0.40	01
Alkaline Phosphatase, S	88 IU/L	25 - 150	01
> AST (SGOT)	148 H IU/L	0 - 40	01
> ALT (SGPT)	80 H IU/L	0 - 55	01
Lipid Panel			
Cholesterol, Total	131 mg/dL	100 - 199	01
Triglycerides	100 mg/dL	0 - 149	01
> HDL Cholesterol	33 L mg/dL	>39	01

Comment

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.

VLDL Cholesterol Cal 20 mg/dL 5 - 40
LDL Cholesterol Calc 78 mg/dL 0 - 99

HCV RT-PCR, Quant (Non-Graph)

Hepatitis C Quantitation

766,760 IU/mL
HCV log10 5.885 log10 IU/mL

02

02

02

Test Information:

The reportable range for this assay is 43 to 69,000,000 IU HCV RNA/mL.

HCV Genotyping Non Reflex

Hepatitis C Genotype 1b See Note 02

This assay can detect the six (6) major HCV Genotypes and their most common subtypes.

Several clinical studies have demonstrated that Genotype 1 HCV may be more refractory to interferon monotherapy as well as to interferon plus ribavirin combination therapy. Sustained response rates are increased for Genotype 1 infected patients when therapy is given for 48 weeks instead of 24 weeks.

Please note:

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the U.S. Food and Drug Administration.

02

The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Pat Name: RIGGLEMAN, TERRY

Pat ID: 375733

Spec #: 078-501-3037-0

Seq #: 8864

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00

SA000297

11/14/2008 8:48:51 AM FROM LBCORP LCLS BLK TO: 4347672292 LBCORP LCLS BLK Page 9 of 12 A
TO:NURSE ATTN:Nottoway Correction Center



LabCorp Burlington
1447 York Court
Burlington, NC 27215-3361

Phone: 888-200-5439

Specimen Number 318-778-0100-0	Patient ID 375733			Control Number 45510030	Account Number 434-767-5543	Account Phone Number 434-767-5543	Route 90
				Account Address Nottoway Correction Center Medical Dept Lab Ex 5251 PO Box 488 Burkeville VA 23922			
Patient Last Name RIGGLEMAN							
Patient First Name TERRY	Patient Middle Name						
Patient SS#	Patient Phone		Total Volume				
Age (Y/M/D) 32/10/14	Date of Birth 12/30/75	Sex M	Fasting No				
Patient Address				Additional Information			
Date and Time Collected 11/13/08 08:15	Date Entered 11/13/08	Date and Time Reported 11/14/08 08:48ET		Physician Name	NPI	Physician ID	MILITANA
Test Ordered CMP12+8AC; CBC With Differential/Platelet							
TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL		LAB	
CMP12+8AC							
Chemistries						01	
Glucose, Serum	134	High	mg/dL	65 - 99		01	
Uric Acid, Serum	6.9		mg/dL	2.4 - 8.2		01	
BUN	14		mg/dL	5 - 26		01	
Creatinine, Serum	0.86		mg/dL	0.76 - 1.27		01	
Glom Filt Rate, Est	>59		mL/min/1.73	>59			
Please note reference interval change							
If African-American	>59		mL/min/1.73	>59			
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m ² defines CKD. Patients with eGFR values >/=60 mL/min/1.73 m ² may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org .							
BUN/Creatinine Ratio	16			8 - 27			
Sodium, Serum	139		mmol/L	135 - 145		01	
Potassium, Serum	4.0		mmol/L	3.5 - 5.2		01	
Chloride, Serum	100		mmol/L	97 - 108		01	
Calcium, Serum	9.5		mg/dL	8.5 - 10.6		01	
Phosphorus, Serum	2.4	Low	mg/dL	2.5 - 4.5		01	
Protein, Total, Serum	7.3		g/dL	6.0 - 8.5		01	
Albumin, Serum	4.6		g/dL	3.5 - 5.5		01	
Globulin, Total	2.7		g/dL	1.5 - 4.5			
A/G Ratio	1.7			1.1 - 2.5			
Bilirubin, Total	0.6		mg/dL	0.1 - 1.2		01	
Alkaline Phosphatase, S	119		IU/L	25 - 150		01	
LDH	135		IU/L	100 - 250		01	
AST (SGOT)	82	High	IU/L	0 - 40		01	
ALT (SGPT)	86	High	IU/L	0 - 55		01	
GGT	98	High	IU/L	0 - 65		01	
Iron, Serum			ug/dL	40 - 155		01	
Lipids						01	
Cholesterol, Total	132		mg/dL	100 - 199		01	
Triglycerides	66		mg/dL	0 - 149		01	
<i>MJ</i> <i>11/24/08</i>							
RIGGLEMAN, TERRY	375733			318-778-0100-0		Seq # 0264	

FINAL REPORT

Page 1 of 2

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11/14/2008 8:48:51 AM FROM ABCORP LCLS BLK TO: 4347672292 LABCORP LCLS BLK Page 10 of 12 A
TO:NURSE ATTN:Nottoway Correction Center



LabCorp Burlington
1447 York Court
Burlington, NC 27215-3361

Phone: 888-200-5439

Specimen Number

318-778-0100-0

Patient Name				Specimen Number			
RIGGLEMAN, TERRY				318-778-0100-0			
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
45510030	375733		11/13/08 08:15	11/14/08	M	32/10/14	12/30/75

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
CBC With Differential/Platelet						
WBC	4.1		x10E3/uL	4.0 - 10.5		01
RBC	4.76		x10E6/uL	4.10 - 5.60		01
Hemoglobin	14.8		g/dL	12.5 - 17.0		01
Hematocrit	43.5		%	36.0 - 50.0		01
MCV	91		fL	80 - 98		01
MCH	31.0		pg	27.0 - 34.0		01
MCHC	33.9		g/dL	32.0 - 36.0		01
RDW	12.7		%	11.7 - 15.0		01
Platelets	282		x10E3/uL	140 - 415		01
Neutrophils	44		%	40 - 74		01
Lymphs	41		%	14 - 46		01
Monocytes	10		%	4 - 13		01
Eos	4		%	0 - 7		01
Basos	1		%	0 - 3		01
Neutrophils (Absolute)	1.8		x10E3/uL	1.8 - 7.8		01
Lymphs (Absolute)	1.7		x10E3/uL	0.7 - 4.5		01
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 1.0		01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4		01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2		01

01 BN LabCorp Burlington Dir: William F Hancock, MD
1447 York Court, Burlington, NC 27215-3361
For inquiries, the physician may contact Branch: 800-762-4344 Lab: 888-200-5439

M
11/84/08

RIGGLEMAN, TERRY	375733	318-778-0100-0	Seq #0264
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FINAL REPORT

Page 2 of 2

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Augusta
HEALTH

NOV 30 2015

MEDICAL

Department of Radiology
(540) 332-4400
(540) 932-4400

Augusta Health
78 Medical Center Drive
Fishersville, VA 22939

1500538

David C MacDonald DO
Augusta Correctional Center, 1821 Estaline Valley Rd
Craigsille, VA 24430

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128 Status: REG CLI	MR #: M0398745
Tech: RAD.A2M	Age/Sex: 39M	Loc: MRI
Report #: 1120-0436	Phys: David C MacDonald DO	Pat phone #: (540)997-7000
Report Source: Nuance	Dict. Date: 11/20/15 1703	

Status of this Report is Signed
Please note that Reports in Draft Status are not Final Reports

Report is final after physician e-signature

Date of Service: 11/20/15 Dictating Physician: David C Ratliff MD

Exam(s): 1120-0028 MRI/MRI * Spine Canal Lumbar w/o

DOB: 12/30/1975

Confidential Report: N

Diagnosis: LT LUMBAR PAIN

Reason for Exam: LT LUMBAR PAIN

Study: Lumbar spine MRI dated 11/20/2015 at 1557 hours.

Comparison: No previous available

History: Back pain

Technique: Multiple MR sequences were obtained through the lumbar spine before and after administration of contrast.

Findings:

5 nonrib-bearing lumbar vertebral bodies are identified. Alignment is anatomic. Vertebral body and intervertebral disc space height is well maintained throughout. Mild disc desiccation at L4-L5. The conus terminates at the L1 vertebral body level. No abnormal signal in the visualized distal cord.

L1/L2: Mild broad-based disc bulge. No canal stenosis or neuroforaminal narrowing.

L2/L3: No canal stenosis or neuroforaminal narrowing.

Ordering Physician copy

Page 1 of 2

RADIOLOGY REPORT

Signed


Dale Moreno, MD

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128
Unit #: M0398745	Report #: 1120-0436
DOB: 12/30/1975	

L3/L4: Left posterior lateral disc bulge which may be contacting the exiting left L3 nerve root.

L4/L5: Broad-based disc bulge which is causing mild bilateral neuroforaminal narrowing

L5/S1: No canal stenosis or neuroforaminal narrowing.

The visualized soft tissue structures are unremarkable.

Impression:

Mild disc disease. The exiting left L3 nerve root may be contacted in the neural foramen.

Electronically signed by: David C Ratliff, MD

Date/Time signed: 11/20/15 1709

C: David C MacDonald DO

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Page 2 of 2

RADIOLOGY REPORT

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12/1/15
Dale Moreno, MD

Augusta Health
78 Medical Center Drive
Fishersville, VA 22939

1000538
Augusta
HEALTH

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NOV 30 2015
Department of Radiology
MEDICAL
(540) 932-4400
(540) 932-4400

David C MacDonald DO
Augusta Correctional Center, 1821 Estaline Valley Rd
Craigsille, VA 24430

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128	MR #: M0398745
Status: REG CLI		
Tech: RAD.K1M	Age/Sex: 39M	Loc: MRI
Report #: 1120-0470	Phys: David C MacDonald DO	Pat phone #: (540)997-7000
Report Source: Nuance	Dict. Date: 11/20/15 1923	

Status of this Report is Signed
Please note that Reports in Draft Status are not Final Reports

Report is final after physician e-signature

Date of Service: 11/20/15 Dictating Physician: David C Ratliff MD

Exam(s): 1120-0125 DXR/DXR Lumbosacral Spine 2-3 View

DOB: 12/30/1975

Confidential Report: N

Diagnosis: LT LUMBAR PAIN

Reason for Exam: TO CORRELATE TODAY'S MRI - LT LUMBAR PAIN

TERRY RIGGLEMAN

M0398745

DXR Lumbosacral Spine 2-3 View

History: 39 years old Male. TO CORRELATE TODAY'S MRI - LT LUMBAR PAIN.

Comparison: MRI lumbar spine obtained also 11/20/2015.

FINDINGS:

There 5 nonrib-bearing lumbar-type vertebral bodies. There is straightening of the lumbar spine which is likely related to positioning. No listhesis or fracture. Mild multilevel endplate changes.

IMPRESSION:

Ordering Physician copy
Page 1 of 2

RADIOLOGY REPORT

Signed

Dale Moreno, MD
Dale Moreno, MD

Patient: RIGGLEMAN, TERRY	Acct #: M00063779128
Unit #: M0398745	Report #: 1120-0470
DOB: 12/30/1975	

Mild spondylitic changes.

Electronically signed by: David C Ratliff, MD
Date/Time signed: 11/20/15 1926

C: David C MacDonald DO

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Page 2 of 2

RADIOLOGY REPORT

Signed

11/20/15
Dale Moreno, MD



GARCIA LABORATORY

Status: FINAL

2195 SPRING ARBOR ROAD • JACKSON, MICHIGAN 49203
PHONE (517) 787-9200 • (800) 888-8598 • FAX (517) 787-1249

ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201507947612	CONTROL NO. 739805
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 07/03/2015 10:20	DATE RESULTED 07/13/2015 20:39
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Abnormals Summary

MPV	11.0	SGPT/ALT	51
ALK PHOS	49		

Test Description	Result	Abnormal	Flag	Reference	Range	Units	Prev. Lab	Res
ANA SCREEN WITH RFLX				col: 07/03/2015			Status: F	

ANA SCREEN WITH RFLX	NEGATIVE			NEGATIVE				
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WESTERGREN SED RATE				col: 07/03/2015			Status: F	
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WESTERGREN SED RATE	0			0-15	MM/HR	0		
---------------------	---	--	--	------	-------	---	--	--

CBC				col: 07/03/2015			Status: F	
-----	--	--	--	-----------------	--	--	-----------	--

PLATELET COUNT	264			150-400	TH/CMM	237		
WHITE BLOOD COUNT	5.84			4.0-10.0	TH/CU MM	5.93		
ABSOLUTE NEUTROPHIL CT	2.31			1.56-8.10	x10-3/uL	3.21		
NEUTROPHILS	39.6			39-81	%	54.1		

DIFFERENTIAL MAY BE Affected BY THE AGE OF THE SPECIMEN.
SUGGEST REPEAT TESTING IF CLINICALLY INDICATED

LYMPHOCYTE	48.8			14-51	%	38.5		
MONOCYTES	5.1			0-13.3	%	5.1		
EOSINOPHIL	4.3			0-8	%	1.5		
BASOPHILS	0.3			0-2	%	0.9		
RED BLOOD CELLS	4.72			4.41-5.51	M/CU MM	5.25		
HEMOGLOBIN	14.5			13.5-17.5	G/DL	16.2		
HEMATOCRIT	44.2			41-53	%	49.9		
MCV	93.6			80-105	FL	95.0		
MCH	30.7			27-33	PG	30.9		
MCHC	32.8			31-37	G/DL	32.5		
RDW	12.3			11.5-14.5	%	13.0		
MPV	11.0	H		7.4-10.4	FL	10.0		

CMP				col: 07/03/2015			Status: F	
-----	--	--	--	-----------------	--	--	-----------	--

ALBUMIN	4.2			3.5-5.5	G/DL	4.0		
ALK PHOS	49	LL		53-128	U/L	55		
TOTAL BILIRUBIN	0.6			0.2-1.2	MG/DL	0.6		
BUN	11			7-18	MG/DL	13		
CALCIUM	9.6			8.4-10.7	MG/DL	9.2		

Director: Lorenz P. Kielhorn, MD

Printed: 07/22/2015 09:25

Continued on Next Page

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Pg: 1

07/22/15

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Status: FINAL

ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201507947612	CONTROL NO. 739805
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 07/03/2015 10:20	DATE RESULTED 07/13/2015 20:39
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev	Lab. Res
CHLORIDE	105			98-107	MEQ/L	104	
CREATININE, SERUM	0.97			0.7-1.3	MG/DL	0.85	
GFR (NON-AFR AMER)	92			60-300	ML/MIN	107	
GFR (AFR AMER)	111			60-300	ML/MIN	129	
GLUCOSE	94			70-105	MG/DL	130	
POTASSIUM	4.7			3.5-5.1	MEQ/L	4.0	
TOTAL PROTEIN	6.8			6.0-8.3	G/DL	6.7	
SODIUM	140			136-145	MEQ/L	141	
CARBON DIOXIDE	24			22-33	MEQ/L	30	
SGOT/AST	39			15-40	U/L	48	
SGPT/ALT	51	H		7-45	U/L	66	

RA	col: 07/03/2015	Status: F
RA	LESS THAN 10	0-10 IU/ML
ANKYLOSING SPONDYLITIS GENOTYPING	col: 07/03/2015	Status: F

ANKYLOSING SPONDYLITIS GENOTYPING SEE BELOW

TEST NAME	RESULT	RESULT FLAG	REFERENCE INTERVAL
Ankylosing Spondylitis (HLA-B27) Genotyping			
HLA B27 Specimen WHOLE BLOOD			
Ankylosing Spondylitis (HLA B27)	NEGATIVE		

Indication for testing: Assess genetic risk for ankylosing spondylitis.

The sample is negative for HLA-B27.

This result has been reviewed and approved by Elaine Lyon, Ph.D.

BACKGROUND INFORMATION: Ankylosing Spondylitis (HLA-B27) Genotyping

CHARACTERISTICS: Ankylosing spondylitis (AS) is a chronic inflammatory disease that primarily causes pain and inflammation of the joints between the vertebrae of the spine and the sacroiliac joints. Inflammation and pain may occur in other parts of the body as well. HLA-B27 is strongly associated with ankylosing spondylitis (AS) as well as with Reiter syndrome, anterior uveitis, psoriatic arthritis, and inflammatory bowel disease. INCIDENCE: Greater than 90

Director: Lorenz P. Kielhorn, MD

Printed: 07/22/2015 09:25

Continued on Next Page

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Pg: 2

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ORDERING PHYSICIAN MACDONALD, DAVID	NAME RIGGLEMAN, TERRY		SEX M	ACCESSION NO. 201507947612	CONTROL NO. 739805
FACILITY NO. 4502	DOB 12/30/1975	ACCOUNT NO. PRIS 5993320		DATE COLLECTED 07/03/2015 10:20	DATE RESULTED 07/13/2015 20:39
VA DOC 1821 Estaline Valley Rd CRAIGSVILLE, VA 24430	EMR ID	INMATE ID 1000538			

Test Description Result Abnormal Flag Reference Range Units Prev Lab Res

percent of patients with AS are HLA-B27 positive
 compared to 5-10 percent of the general population.
 PENETRANCE: Two to eight percent of individuals with
 HLA-B27 will develop AS.

METHODOLOGY: Polymerase chain reaction (PCR) and
 fluorescent hybridization probes.

ANALYTICAL SENSITIVITY and SPECIFICITY: 99 percent
 LIMITATIONS: Rare alleles present in less than 1 percent
 of most populations will not be detected. Diagnostic
 errors can occur due to rare sequence variations.

This test is performed pursuant to an agreement with
 Roche Molecular System, Inc.
 Test developed and characteristics determined by ARUP
 Laboratories. See Compliance Statement C: aruplab.com/cs

Test(s) performed at:
 ARUP Laboratories
 500 Chipeta Way

Director: Lorenz P. Kielhorn, MD

Printed: 07/22/2015 09:25

-- End of Report --

Printed By: Hayes, Ellise

Pg: 3

SA000056

epicsrvce@hscmail.mcc.virginia.edu 434-243-5770 Page 2

Riggleman, Terry (MR # 2116343) DOB: 12/30/1975

Encounter Date: 05/08/2018

Riggleman, Terry

MRN: 2116343

Description: 42 year old male

Progress Notes

Encounter Date: 5/8/2018

Scott Cornella, MD Gastroenterology

DIGESTIVE HEALTH CLINIC

REASON FOR VISIT:

1. Rectal bleeding

REFERRING PHYSICIAN: Diane Landauer, M.D.

HISTORY OF PRESENT ILLNESS: Terry Riggleman is a 42 y.o. male with a history of HCV referred to the University of Virginia Digestive Health Center for evaluation of abdominal pain and rectal bleeding.

Mr. Riggleman tells me that starting in October of 2017 he started developing rectal bleeding. He describes large volume bright red blood a few times per week. He reports no issues with constipation (has one soft bowel movement daily) and no pain with defecation. No diarrhea, no known weight loss. He reports a family history of colon cancer in his maternal grandfather in his 80's which prompted his mother to undergo colonoscopy in her early 50's with removal of 7-8 polyps. He has never had a colonoscopy before.

He additionally reports right sided abdominal pain. This has been a long standing issue and resulted in a cholecystectomy in 2009. Pain did not improve following this and he ultimately underwent an EGD in 2010 which was unremarkable. He still reports continued mild right sided abdominal pain. Worse with bowel movements. He has no issues with reflux, dysphagia, or odynophagia.

Mr. Riggleman additionally has chronic HCV genotype 1B which he says he first found out about in 2005. He thinks it was acquired by tattoo. He says he gets twice yearly lab work at the jail which has reportedly been notable for a mild hepatitis but he does not think any abnormalities in platelet count, bilirubin, or INR. No episodes of jaundice, abdominal swelling, encephalopathy.

PAST MEDICAL AND SURGICAL HISTORY:

Past Medical History:

Diagnosis: [REDACTED] Date: [REDACTED]

- Hepatitis C

Past Surgical History:

Procedure: [REDACTED] Laterality: [REDACTED] Date: [REDACTED]

- CHOLECYSTECTOMY

CURRENT MEDICATIONS:

Current Outpatient Prescriptions:

Medication: [REDACTED]

- gabapentin (NEURONTIN) 800 Take 800 mg by mouth 2 times daily.
MG tablet

- Magnesium Oxide (MAG-OX) Take by mouth daily.
400 PO

No current facility-administered medications for this visit.

Riggleman, Terry (MR # 2116343) Printed by Scott Cornella, MD [50443] at 5/8/18 3:28 PM

Page 1 of 4

*Conor J. Kelly
VISHAKHANTIAH
5-10-18, 0950 AM*

SA000867

epicsrvc@hscmail.mcc.virginia.edu 434-243-5770 Page 4

Riggleman, Terry (MR # 2116343) DOB: 12/30/1975

Encounter Date: 05/08/2018

Scott Cornella, MD (continued) Gastroenterology• BMI 33.05 kg/m²Body mass index is 33.05 kg/(m²).GENERAL: Alert, oriented, cooperative and no distress notedHEENT: Normocephalic, mucous membranes were pink and moist and sclera were anicteric, the oral mucosa had no erythema and no buccal mucosal lesions. Dentition was intact. The neck is supple, without lymphadenopathy or thyromegaly.CARDIOVASCULAR: Normal rate and regular rhythm; S1, S2 normal, no murmurs, rubs or gallops.PULMONARY: Clear to auscultation, with good air entry throughout. No wheezes, rales or rhonchi.ABDOMEN: Normal bowel sounds. Soft, nondistended, nontender. No rebound or guarding. No hepatosplenomegaly.EXTREMITIES: Normal and without clubbing, cyanosis or edema.NEUROLOGIC: Alert and oriented x 3; non-focal exam. CNs II-XII grossly intact.SKIN: No rashes.PSYCH: Appropriate affect.**LABORATORY DATA:**

Outside Labs

4/6/17

HCV genotype 1B, 3210779 copies

ENDOSCOPIC DATA:

6/15/10 EGD

Impression:

1. Normal EGD

IMAGING, STUDIES, AND OTHER TESTING:

9/12/17 RUQ US

Impression:

1. No hepatic mass

2. Status post cholecystectomy. Normal caliber common duct. Echogenic area at the gallbladder fossa level may represent a surgical clip

3. Normal kidneys

IMPRESSION: Mr. Riggleman is a 42 y.o. male with a history of chronic HCV (genotype 1b) who presents today for evaluation of rectal bleeding and abdominal pain.**RECOMMENDATIONS:**

1) Rectal bleeding: has been ongoing for about 6 months, described as large volume bright red blood with defecation a few times per month. He has a family history notable for colon cancer in his maternal grandfather and colon polyps in his mother. Differential for his bleeding includes diverticulosis, hemorrhoids, AVM, IBD, or bleeding from an alternate structural lesion (polyps, malignancy). We will plan on colonoscopy to further evaluate.

- Colonoscopy
- Golytely prep2) Dyspepsia: long standing history of right sided abdominal pain status post cholecystectomy. Had a normal EGD in 2010 and symptoms have not really changed since this time. Would recommend repeat trial of PPI.
- Omeprazole 20 mg daily; instructed on proper use

3) Chronic HCV: genotype 1b, known since 2005. No known history of cirrhosis. Will ask for recent labs to assess for any evidence of portal hypertension or synthetic dysfunction and recommend scheduling fibroscan to evaluate for fibrosis.

- Fibroscan

05/08/2018 8:07:53 PM epicsrvc@hscmail.mcc.virginia.edu 434-243-5770 Page 5

Riggleman, Terry (MR # 2116343) DOB: 12/30/1975
Scott Cornella, MD (continued) Gastroenterology

Encounter Date: 05/08/2018

- Obtain most recent CBC, BMP, Hepatic Function Panel, INR
- Would recommend treating hepatitis C

Thank you for allowing us to provide care for this patient. This patient was seen and discussed with the attending physician, Dr. Doran

Scott Cornella, M.D.
GI/Hepatology Fellow

CC: Diane Landauer
CC: John Marsh

Office Visit on 5/8/2018

VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Consultation Report 720_F23_7-12

Health Services Consultation Report

PLEASE BILL TO ANTHEM

Sending Facility:	ACC			Date:	05/08/2018
Offender Name:	Riggleman, Terry			Offender #:	1000538
SS#:	230-21-4145	DOB:	12/30/1975	T/D:	
Allergies:	See MARS				
Current Medications:	See MARS				
Referred By:	Dr. Landauer	Referred To:	UVA Digestive Health		
Medical Complaint:	RLQ discomfort, nausea				

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:	<u>Rectal bleed</u>		
Lab or X-ray Results:			
Diagnosis:	<input checked="" type="checkbox"/> Rectal bleeding <input checked="" type="checkbox"/> Dyspepsia <input checked="" type="checkbox"/> HCV genotype 1B		
Treatment and Medications Recommended:	<input checked="" type="checkbox"/> Colonoscopy ; Golytely 4L bowel prep <input checked="" type="checkbox"/> Daily PPI (omeprazole 20mg QD) ; take 30-60 mins before 1st meal <input checked="" type="checkbox"/> Please send recent lab work <input checked="" type="checkbox"/> Liver Fibroscan to evaluate for cirrhosis. <input checked="" type="checkbox"/> Treat HCV		
Restrictions:			
Consulting Physician:			Date: 5-8-18
Follow-up appointment date and time:	<u>NOV 14, 2018</u> <u>VISITANTIAL</u> <u>5-8-18, 04:00 pm</u>		

Revision Date: 1/17/07

SA000871



VIRGINIA
DEPARTMENT OF CORRECTIONS

Health Services Complaint Treatment Form 720_F17_7-12

Health Services Complaint and Treatment Form

Facility: ACC

Offender Name: Pigglement Terri Number: 1002538
Last First

Revision Date: 2/23/07

SA000879

09/12/2017 Tue 16:46

Dynamic Mobile Imaging 804-282-1773

ID: #263299 Page 1 of 1



Phone: 866-483-9729

FAX: 804-282-1773

PATIENT REPORT

1000538

PATIENT NAME: Riggelman, Terry
DATE OF BIRTH: 12/30/1975
PATIENT ID: 92462
FACILITY: Augusta Correctional Center
ROOM #: Clinic

DATE OF SERVICE: 09/12/2017
REFERRING PHY.: Landauer, Diane
TECHNOLOGIST: Dawn Hartmann RDMS
INTERPRETING COMPANY: Meridian Radiology

Results Document ID: 209901

PROCEDURE: 76700 - US, ABDOMINAL, B-SCAN AND/OR REAL TIME W/IMAGE DOCUMENTATION, COMPLETE

FINDINGS: Correlative Films Provided: NONE
Findings:
Pancreas is normal. The patient is status post cholecystectomy. The common duct is 4 mm.
There is normal hepatic echotexture. The liver 16.1 cm. There is no mass.
Right kidney is 11.2 x 4.9 x 4.3 cm. Left kidney is 10.7 x 5.3 x 4.9 cm. There is no solid mass or stone or hydronephrosis. Abdominal aorta and IVC is normal. Spleen is 10.8 cm and is normal.
Echogenic area seen in the gallbladder fossa may represent surgical clip.

IMPRESSIONS: Impression:
1. No hepatic mass.
2. Status post cholecystectomy. Normal caliber common duct. Echogenic area at the gallbladder fossa level may represent surgical clip.
3. Normal kidneys.

ELECTRONICALLY SIGNED
End of Report

INTERPRETING DOCTOR: LLOYD WAGNER MD

ELECTRONICALLY SIGNED : LLOYD WAGNER MD Tue, Sep 12, 2017 16:36:38 EDT

9/13/17
LJW

1100 Welborne Road, 3rd Floor Henrico, VA 23229

Page 1 of 1

SA000897

Amonette, Mark S. (VADOC)

From: Shipp, Ella (VADOC)
Sent: Wednesday, December 27, 2017 4:22 PM
To: Amonette, Mark S. (VADOC)
Subject: Riggleman # 1000538
Attachments: Scan.pdf

I have attached the requested labs, we have not done a PT/INR since last March.

From: Kishpaugh, Catherine (VADOC)
Sent: Wednesday, December 27, 2017 11:13 AM
To: Shipp, Ella (VADOC) <Ella.Shipp@vadoc.virginia.gov>
Subject: Scan

C. Kishpaugh
Medical Administrative Assistant
Mediko
Augusta Correctional Center
540-997-3610

EXHIBIT 3-I

Chronic Disease Clinic Follow-Up

Inmate Name:		Biggeman, Terry
Number:	1000538	Institution: ACC

List chronic diseases:

1) HCV	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: See MAR | Sapphire

Subjective: Hydrated W/M for CCC

Asthma: # attacks in last month?	Seizure disorder: # seizures since last visit?
# short acting beta agonist canisters in last month?	Diabetes mellitus: # of hypoglycemic reactions since last visit?
# times awakening with asthma symptoms per week?	Weight loss/gain ↓ 1.4 #lbs
CV/hypertension (Y/N): Chest pain? SOB? Palpitations? Ankle edema?	
HIV/HCV (Y/N): Nausea/vomiting? Abdominal pain/swelling? Diarrhea? Rashes/lesions?	

For all diseases, since last visit, describe new symptoms:

Mild Polyuria C/F Cramps
C/O pain in lower abdominal pain

Patient adherence (Y/N): with medications?	4	with diet?	4	with exercise?	4	02 Sat 95% Ld						
Vital signs: Temp	98.6	BP	130/93	Pulse	86	Resp	16	Wt	206	PEFR		INR
Labs: Hgb A1C		HIV VL		CD4		Total Chol		LDL		HDL		Trig

Range of fingerstick glucose/BP monitoring:

PE:	Hypertension
HEENT/neck:	Unremarkable
Heart:	R/R
Lungs:	Clear
Abdomen:	Mild R mid & lower abdomen discomfort
	Mild R vaginal swelling
	discomfort
Assessment:	

Degree of Control	Clinical Status				I	S	W	NA
	G	F	P	NA				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Plan:

Medication changes:

Diagnostics:

Labs: Glu x 3 (Store), Fasting UA dipstick, CBC, CMP

Monitoring: BP: X day/week/month Glucose: X day/week/month Peak flow: Other:

Education provided: Nutrition Exercise Smoking Test results Medication management Other: Dr. House

Referral (list type): Specialist: Chronic care program: Card US W/M

days to next visit? 90 60 30 Other: 180 days Discharged from CCC: [name] Chronic HypertensionAdvance Level Provider Signature: *[Signature]*

Date: 8/28/2017

Supervision of RNs & LPN's
Copy to Dr. House
230 MS Page 1
Pr. V. 1
x several months

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Noted Hall M 8/28/17 6pm

SA000876

EXHIBIT 3-1

Chronic Disease Clinic Follow-Up

Inmate Name: <u>Higgleman, Terry</u>	
Number: <u>1000538</u>	Institution: <u>ACC</u>

List chronic diseases:

1) HCV	3)	5)
2)	4)	6)

Attach pharmacy profile or list current medications: See MR SapphireSubjective: 42 yrs old with gout

Asthma: # attacks in last month?	Seizure disorder: # seizures since last visit?		
# short acting beta agonist canisters in last month?	Diabetes mellitus: # of hypoglycemic reactions since last visit?		
# times awakening with asthma symptoms per week?	Weight loss/gain <u>+10</u> lbs		
CV/hypertension (Y/N): Chest pain? SOB?	Palpitations?	Ankle edema?	
HIV/HCV (Y/N): Nausea/vomiting? <u>Ø</u>	Abdominal pain/swelling? <u>Ø</u>	Diarrhea? <u>Ø</u>	Rashes/lesions? <u>Ø</u>

For all diseases, since last visit, describe new symptoms:

Still has some intermittent hematuria
Has been approved for GI eval
Pain in back & L leg improved on Neurontin

Patient adherence (Y/N): with medications?	<u>Y</u>	with diet?	<u>Y</u>	with exercise?	<u>Y</u>	02 sat 95% bt							
Vital signs: Temp	<u>98.3</u>	BP	<u>135/88</u>	Pulse	<u>82</u>	Resp	<u>14</u>	Wt	<u>213 lbs</u>	PEFR	<u> </u>	INR	<u> </u>
Labs: Hgb A1C	<u> </u>	HIV VL	<u> </u>	CD4	<u> </u>	Total Chol	<u> </u>	LDL	<u> </u>	HDL	<u> </u>	Trig	<u> </u>

Range of fingerstick glucose/BP monitoring:

PE: <u>Alert w/ mild 5x3 in NS. No new distress</u>	HEENT: <u>Normal</u>	Extremities: <u>Ø edema</u>
Heart: <u>RRR</u>		Neurological: <u>Intact</u>
Lungs: <u>Clear</u>		GU/rectal: <u> </u>
Abdomen: <u>SFT, non-tender</u>		Other: <u>Low back pain with Radiation down to left foot</u>

Assessment:	Degree of Control	Clinical Status
1 <u>Hepatitis C</u>	G <input checked="" type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> NA <input type="checkbox"/>	I <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> NA <input type="checkbox"/>
2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Plan:

Medication changes:

Diagnostics:

Labs: CMV APRIL 2018Monitoring: BP: X day/week/month Glucose: X day/week/month Peak flow: Other: Education provided: Nutrition Exercise Smoking Test results Medication management Other: Referral (list type): Specialist: Chronic care program: # days to next visit? 90 60 30 Other: 150 days Discharged from CCC: [name] Advance Level Provider Signature: 6/21/18 Date: 3-1-2018

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Page 1

noted
✓ Halluc
3-1-18 6:30pm

4:10 pm

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